

**III. FACILITIES (Environmental Branch); 5. Potable Water Hauling Operations**

- F. Are the hoses labeled "Drinking Water Only"? YES NO NA
- G. Are the hoses provided with caps and keeper chains or have the ends connected together? YES NO NA

COMMENTS: city water system

*METHODOLOGY: A-G. Verify the tank truck or trailer tank, connections and hoses are properly labeled, constructed and protected.*

**ATTORNEYS EYES ONLY**UNIT: HJ DATE: 10-23-10 INSPECTOR: SGT J. Janel**III. FACILITIES (Environmental Branch)****5. POTABLE WATER HAULING OPERATIONS****5.01H** Are operational records maintained when the tank truck or trailer is in use that includes:  
(EA-03.04, FDM-04.08)

- |    |  |     |    |           |
|----|--|-----|----|-----------|
| A. | The identity of the hauler used only for transporting potable liquids. | YES | NO | <u>NA</u> |
| B. | The identity of the approved Public Water System used to fill.         | YES | NO | <u>NA</u> |
| C. | The total daily volume hauled (gallons).                               | YES | NO | <u>NA</u> |
| D. | The daily chlorine residual (when in use).                             | YES | NO | <u>NA</u> |
| E. | The microbiological (coliform) results (monthly minimum).              | YES | NO | <u>NA</u> |
| F. | The date(s) of tank truck or trailer disinfection (monthly minimum).   | YES | NO | <u>NA</u> |

COMMENTS: City Water System

*METHODOLOGY: A. Unique identification or asset number. B. Approved Public Water Systems are assigned a seven digit system identification number by the TCEQ. C. Daily usage should be noted in operational records. D. Identify the source (groundwater or surface) and method of disinfection (chlorine or chloramine). Groundwater is typically disinfected with chlorine (minimum 0.5 mg/l free residual). Surface water is typically disinfected with chloramine (chlorine and ammonia) (minimum 1.0 mg/l total chlorine residual). E. Microbiological analysis by TCEQ approved lab. F. Disinfection should be noted in operational records.*

**5.02** In regards to tank truck or trailers:  
(EA-03.04, FDM-04.08)

- |    |  |     |    |           |
|----|--|-----|----|-----------|
| A. | Is the tank truck or trailer labeled with the words "Drinking Water"?  | YES | NO | <u>NA</u> |
| B. | Does manhole cover overlap the raised manhole opening by a minimum of two inches and terminate in a downward direction?            | YES | NO | <u>NA</u> |
| C. | Is the manhole opening kept locked, except during times of filling?  | YES | NO | <u>NA</u> |
| D. | Is tank truck or trailer equipped with a downward facing vent that is screened with 16-mesh or finer corrosion resistant material? | YES | NO | <u>NA</u> |
| E. | Are the connections (openings) on the wagon used for filling and emptying the tank properly protected with caps and keeper chains? | YES | NO | <u>NA</u> |

**III. FACILITIES (Environmental Branch); 5. Potable Water Hauling Operations**

F. Are the hoses labeled "Drinking Water Only"? YES NO NA

G. Are the hoses provided with caps and keeper chains or have the ends connected together? YES NO NA

COMMENTS: City Water System

*METHODOLOGY: A-G. Verify the tank truck or trailer tank, connections and hoses are properly labeled, constructed and protected.*

**ATTORNEYS EYES ONLY**UNIT: HJ DATE: 10-23-10 INSPECTOR: Sgt T Torres**III. FACILITIES (Environmental Branch)****6. PUBLIC WATER SYSTEMS**

*Production systems include Beto-Gurney-Powledge, Buffalo Ranch, Central, Chase Field-Garza East-Garza West, Coffield-Michael, Darrington, Eastham, Ferguson, Jester I-III-IV-Vance, Luther, Pack, Ramsey-Stringfellow-Terrell and Scott. Beto, Chase Field, Coffield, Jester I and Ramsey will be reviewed as record holder for these systems for purposes of this audit.*

**6.01H** The following apply to systems with drinking water production facilities on site:  
(EA-03.01) (FDM-04.03) (FDM-04.06)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Are facilities accessible by all weather roads?  | YES | NO | <u>NA</u> |
| B. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | <u>NA</u> |
| C. Are grounds and facilities maintained in a manner so as to minimize the possibility of the harboring of rodents, insects, and other disease vectors, and in such a way as to prevent other conditions that might cause the contamination of the water? | YES | NO | <u>NA</u> |
| D. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?   | YES | NO | <u>NA</u> |
| E. Are vents and air releases covered with 16-mesh or finer corrosion resistant screen?   | YES | NO | <u>NA</u> |
| F. Are wells and production meters working properly?  | YES | NO | <u>NA</u> |
| G. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted?   | YES | NO | <u>NA</u> |

COMMENTS:

City Water System

*METHODOLOGY: A. Roads to facilities shall be navigable in all weather conditions. B. Lockable building may serve in lieu of a gate. C. Drainage shall be controlled to eliminate stagnation or pooling; routine mowing and edging is required; location shall be free from litter. D. Exterior surfaces shall be protected from rust. E. Visual inspection indicates that vent and air releases are secured and undamaged. F. Verify that water producing wells have meters that register production in gallons. G. Verify that Work Orders or Major Work Requests are submitted if deficiencies are noted.*

**6.02H** The following apply to systems with drinking water disinfection facilities on site: (EA-03.01) (FDM-04.06)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | <u>NA</u> |
| B. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?                             | YES | NO | <u>NA</u> |
| C. Are chlorine scales, room exhaust and injector working properly?   | YES | NO | <u>NA</u> |
| D. Is a fresh 30% ammonia solution available on site for chlorine gas leak detection?   | YES | NO | <u>NA</u> |
| E. Are chlorine tanks secured so they cannot tip over?  | YES | NO | <u>NA</u> |
| F. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted? | YES | NO | <u>NA</u> |

III. FACILITIES (Environmental Branch); 6. PUBLIC WATER SYSTEMS

COMMENTS: City Water System

*METHODOLOGY: All production systems are equipped with disinfection facilities. A. Lockable building may serve in lieu of a gate. B. Exterior surfaces shall be protected from rust. C. Enclosures containing more than one operating 150-pound cylinder shall also provide forced air ventilation which includes screened and louvered floor level and high level vents, a fan which is located at and draws air in through the top vent and discharges to the outside atmosphere through the floor level vent and a fan switch located outside the enclosure. D. Product manufacture date has not expired. E. Verify cylinders are secured by blocking or chains. F. Verify that Work Orders or Major Work Requests are submitted if deficiencies are noted.*

6.03H The following apply to systems with drinking water storage facilities on site: (EA-03.01) (FDM-04.03) (FDM-04-06)

A. Are facilities accessible by all weather roads?	YES	NO	NA
B. Are grounds and facilities maintained in a manner so as to minimize the possibility of the harboring of rodents, insects, and other disease vectors, and in such a way as to prevent other conditions that might cause the contamination of the water?	YES	NO	NA
C. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?	YES	NO	NA
D. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?	YES	NO	NA
E. Are vents and overflows covered with 16-mesh or finer corrosion resistant screen?	YES	NO	NA
F. Are overflow pipes equipped with a gravity hinge and weighted cover that does not gap more than 1/16 <sup>th</sup> of an inch?	YES	NO	NA
G. Are ground storage water level indicators or elevated storage altitude gauges working properly?	YES	NO	NA
H. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted?	YES	NO	NA

COMMENTS: City Water System

*METHODOLOGY: Methodology: Units with only one ground storage tank are Marlin, Michael and Mountain View. Units with only one elevated tank are Ellis, Sanchez and Travis. Units with one ground and one elevated tank are Beto, Central, Clemens, Darrington, Estelle, Ferguson, Goree, Hilltop, Luther, Pack, Ramsey, Stringfellow, Scott and Terrell. Units with two elevated and one ground tank are Chase and Eastham. Units with two ground and one elevated tank are Coffield, Jester and Powledge. Powledge ground storage tank #3 has been assigned to Beto. A. Roads to facilities shall be navigable in all weather conditions B. Drainage shall be controlled to eliminate stagnation or pooling; routine mowing and edging is required; locations shall be free from litter. C. Lockable building may serve in lieu of a gate. D. Exterior surfaces shall be protected from rust. E. Inspect vents and overflows to ensure proper screening is in place. F. Inspect overflow piping to ensure covers are properly seated. G. Visually inspect indicators and gauges for proper function. H. Verify that Work Order or Major Work Request is submitted if deficiencies are noted.*

III. FACILITIES (Environmental Branch); 6. PUBLIC WATER SYSTEMS

6.04H The following apply to maintenance of systems that produce and/or purchase drinking water:  
(EA-03.02) (FDM-04.09) (FDM-04.13 thru 04-14)

- |   |                                      |                                     |    |
|---|--------------------------------------|-------------------------------------|----|
| A. Are backflow prevention assemblies tested upon installation and annually thereafter?   | <input checked="" type="radio"/> YES | NO                                  | NA |
| B. Is the Utility Management and Emergency Contact Information current and available?   | <input checked="" type="radio"/> YES | NO                                  | NA |
| C. Are the minimum disinfectant residuals consistently maintained at point of entry(s) to and throughout the distribution system? | <input checked="" type="radio"/> YES | NO                                  | NA |
| D. Is a current copy of the Water Quality Consumer Confidence Report available?   | YES                                  | <input checked="" type="radio"/> NO | NA |

COMMENTS: TOC 3 Northern Area Maintenance  
Region II maintain.

*METHODOLOGY: A. Assemblies are tested by Regional Maintenance with original signed and dated test report retained for a minimum of three years at the Unit Maintenance Office. B. See FDM-04.13. C. Minimum disinfectant residual throughout distribution system is 0.2 mg/l free (if chlorine used) and 0.5 mg/l total (if chloramine is used) with 1.0 mg/l preferred. The billing consumption meter is point of entry for systems that purchase water. D. The Water Quality Consumer Confidence Report is available from the provider (if system purchases water) or from Maintenance Headquarters (if system produces water) by July 1<sup>st</sup> of each year. Starting with the 2009 report purchase water systems shall retain reports for five years.*

- 6.05 Is drinking water system operated by the minimum quantity and class of Texas Commission on Environmental Quality (TCEQ) licensed operator(s)?
- ☒ YES NO NA

COMMENTS: City of Hutchins

*METHODOLOGY: The staff operator(s) making decisions regarding the day-to-day operation and maintenance of the system shall hold a valid license. Minimum quantity and class required for Units purchasing potable water served as delivered without additional treatment (1-Class D). Minimum quantity and class required for systems producing and/or providing disinfectant treatment of potable water are Buffalo Ranch (1-Class D), Central, Darrington, Ferguson, Luther, Pack, Scott (1-Class C groundwater). Beto-Gurney-Powledge, Coffield-Michael, Chase Field & Garza East & West, Eastham, Jester I-III-IV-Vance, Ramsey-Stringfellow-Terrell (2-Class C Groundwater).*

UNIT: Hutchins DATE: 10-23-2010 INSPECTOR: SGT T. Jones

## III. FACILITIES (Environmental Branch)

## 7. WASTEWATER SYSTEMS

7.01 In regards to Domestic Wastewater Treatment Plants:  
(FDM-04.05, FDM-04.09)

- |  |     |    |           |
|--|-----|----|-----------|
| A. Is there is a source of auxiliary power to operate the plant in the event of a power failure?   | YES | NO | <u>NA</u> |
| B. Are all essential components of the plant connected to the auxiliary power supply?  | YES | NO | <u>NA</u> |
| C. Is there a full-face Self-Contained Breathing Apparatus (SCBA) or supplied air respirator available?  | YES | NO | <u>NA</u> |
| D. Does the gauge indicate that the tank is not empty?   | YES | NO | <u>NA</u> |
| E. Is there fresh ammonia solution readily available at the treatment plant for testing for chlorine leaks?                                      | YES | NO | <u>NA</u> |
| F. Is there a forced mechanical ventilation system installed in the chlorination room?   | YES | NO | <u>NA</u> |
| G. Is the fan activated by an external light switch?   | YES | NO | <u>NA</u> |
| H. Is the fan blowing into the chlorinator room at the top of the building?  | YES | NO | <u>NA</u> |
| I. Is the potable water supply protected from contamination through the use of an air gap or backflow prevention device?                         | YES | NO | <u>NA</u> |
| J. Are all wash down hoses using potable water equipped with atmospheric vacuum breakers located above the overflow level of the wash down area? | YES | NO | <u>NA</u> |
| K. Is a current copy of the permit available at the treatment plant?   | YES | NO | <u>NA</u> |

COMMENTS: State Soil using public water waste system.

*METHODOLOGY: A. & B. Auxiliary power facilities are required for all wastewater treatment plants, unless dual power supply arrangements are made or unless it can be demonstrated that the plant is located in an area where electric power reliability is such that power failure for a period to cause deterioration of effluent quality is unlikely. Check to see if the auxiliary power source will start up on demand. Ask the plant operator if the essential components of the plant are connected to the auxiliary power supply. Essential plant components include the bar screen (if mechanical), grit screen, rotors, aerators, clarifier and disinfection equipment. C., D., E. Visually check and verify that a SCBA or supplied air respirator is readily accessible. Visually confirm that there is a bottle of ammonia available. F., G., H. Visually check to verify that the ventilation system is installed and working properly. I. & J. Ask the operator to show you the backflow prevention device that is located on the main water supply line to the treatment plant. Also, check all hose-bibs that utilize potable water for backflow prevention. Each location should be equipped with an atmospheric vacuum breaker. K. Verify by asking the operator for a copy of the permit.*

## III. Environmental Branch; 7. Wastewater Systems

**NOTE:** This item is applicable to most units. Units that operate their own domestic treatment plant will have a bar screen. Units that do not operate their own treatment plant may or may not have a bar screen.

- 7.02 Are bar screen materials dewatered (drained) and placed in garbage cans with plastic liners and lids?

(EA-04.01, FDM-04.05)

YES NO NA

COMMENTS: OBSERVED procedures

**METHODOLOGY:** Bar Screen materials should be raked up onto a sloped concrete or other type pad where wastewater can drain back into the sewer line. Once drained, they are to be placed in garbage cans with lids. The garbage cans will have a disposable plastic liner installed that will be closed and tied prior to disposal in the trash compactor, roll-off container, etc. Visit the bar screen to see whether materials are dewatered and placed inside a garbage can containing a plastic liner.

**NOTE:** Applicable to units that utilize Portable Toilet Facilities.

- 7.03 Are Portable Toilet Facilities utilized according to the following guidelines:

(EA-04.02)

- A. Cleaned twice weekly when in use?

YES NO NA

- B. Contents disposed of into the wastewater collection system?

YES NO NA

COMMENTS: No portable toilet

**METHODOLOGY:** A. & B. Check with user to determine the frequency of cleaning and disposal location.

- 7.04 In regards to the Confined Animal Feeding Operation (CAFO) lagoons:

(EA-06.01)

- A. Are the lagoons protected from (livestock) by fences or other protective devices?

YES NO NA

- B. Are the lagoons free of trees and shrubs that could compromise the integrity of the liner?

YES NO NA

- C. Is the terminal lagoon (last lagoon in the series) equipped with a permanent marker (measuring device) that indicates the amount of freeboard available?

YES NO NA

- D. Is there at least two feet of freeboard in the terminal lagoon?

YES NO NA

- E. Is a current copy of the CAFO permit available at the facility?

YES NO NA

COMMENTS: STATE JAIL

**METHODOLOGY:** A. & B. Visually check the lagoons to ensure that livestock or other animals are prevented from walking near the lagoons. In most cases there will be a fence that prevents the livestock from nearing the lagoons. Check also for trees or shrubs growing either within or on the berms of the lagoon. There shall be no trees or shrubs growing in these locations. C. & D. Verify by checking the terminal lagoon for the marker and appropriate freeboard. E. Verify by asking the operator or manager for a copy of the CAFO permit.



## III. Environmental Branch; 7. Wastewater Systems

7.05 Is license issued under the direction of Texas Commission on Environmental Quality (TCEQ) for the following individuals:  
(30 TAC 325.100) (FDM-02.02) (FDM-02.04)

- A. Treatment Plant Operator - For TDCJ units that operate their own wastewater treatment plant.
- B. Collection System Operator - For TDCJ units that do not operate their own wastewater treatment plant.

YES NO

NA

YES NO

NA

COMMENTS:

A. STATE JAIL. (B) MAINT.

*METHODOLOGY: A. & B. Each holder of a wastewater disposal permit for a wastewater treatment facility shall employ one or more treatment plant operators holding valid license issued under the direction of TCEQ. The following units must have an operator with a class "B" or higher certificate: Beto, Coffield, Estelle, & Ramsey. All other units that hold a wastewater disposal permit for a wastewater treatment facility must have an operator with a class "C" or higher certificate issued under the direction of the TCEQ. For those units that do not hold a wastewater disposal permit for a wastewater treatment facility, there must be a person who holds a valid class "D" certificate issued under the direction of the TCEQ. Ask to see the operator's license to verify compliance.*

**ATTORNEYS EYES ONLY**UNIT: Hutchins DATE: 10-23-2010 INSPECTOR: T. JONES**III. FACILITIES (Environmental Branch)****8. Occupational Health***Note: Questions 8.01, 8.02, and 8.03 also apply at Offender Transportation operations.**Risk Manager  
Roy Storie***8.01H** With regard to the Hazard Communication (Worker Right-to-know) program:  
(EA-05.09)

- A. Does the Work Area Notebook cover contain Unit Name, Division, Department, Hazard Communication Volume 1 of \_\_\_\_\_ and spine contain Hazard Communication Volume 1 of \_\_\_\_\_ in a legible format utilizing the cover designed and approved by the Risk Management Committee?  
(YES) NO NA
- B. Does the Work Area Notebook consist of the following completed sections: Section I Workplace Implementation Plan and EA-5.09, Section II Site Specific Training Program, Section III Chemical Inventory, and Section IV Material Safety Data Sheets (MSDS)?  
(YES) NO NA
- C. Has a Work Place Implementation Plan been developed to include all applicable areas where chemicals are present, produced or used, and has the location of the common use area(s) for posting the current set of the *Notice to Employees*, been identified?  
(YES) NO NA
- D. Has a Work Area Chemical Inventory List been prepared?  
(YES) NO NA
- E. Has a Site-Specific curriculum been developed to include the protective measures available to address the physical and health hazards of chemicals identified on the Inventory List?  
(YES) NO NA
- F. Is the MSDS included in the Work Area Notebook for at least one of every 10 randomly selected chemicals identified on the Work Area Chemical Inventory List?  
(YES) NO NA
- G. Are secondary containers clearly labeled to include the MSDS identity and the National Fire Protection Association (NFPA) 704 M hazard warning diamond as it appears on the MSDS?  
(YES) NO NA

COMMENTS: Reviewed MSDS NOTE BOOKS

**METHODOLOGY:** Methodology: **A. & B.** Each Work Area identified on the current Implementation Plan shall have a Notebook. **C.** Exemptions include armory, pesticides (under licensed technician), medical and veterinary (except janitorial supplies). A minimum of one set of Notices per Work Place is required. A set consists of one English and one Spanish each printed on white 8-1/2x11" paper printed portrait style in black ink. **D.** A "Work Area Chemical Inventory List" template is included in EA-05.09. Warehouse and distribution centers are only required to complete MSDS Identity, Storage Code, and Quantity portions of the list for each chemical identified. **E.** A "Hazard Communication Program Site Specific Training Curriculum" template is included in EA-05.09. **F.** MSDS are manufacturer specific. A substitute (non-manufacturer-specific) MSDS can be used if it is identical to the manufacturer-specific MSDS both in identity and formulation of the hazardous chemical. Acceptable substitutions include: motor fuels such as gasoline, diesel, propane, etc.; automotive fluids such as transmission fluid and brake fluid; asphalt such as that used in paving and roofing operations; or liquid household bleach (Clorox, Purex) containing "sodium hypochlorite" in the same concentration. **G.** Secondary container labels at minimum shall include the MSDS identity and the NFPA hazard warning diamond for the chemical contained.

**8.02H** Regarding Hazard Communication Program Training Requirements, are training records available that document both general and site-specific training for work area personnel?  
(EA-05.09)

COMMENTS: Reviewed with Risk Manager

**METHODOLOGY:** Hazard Communication Record of Training with signatures and dates are filled out and on file at the work area.

## III. FACILITIES (Environmental Branch); 8. OCCUPATIONAL HEALTH

- 8.03H With regard to emergency eyewash and shower equipment; is flushing, cleaning, preparation of diluted buffers or installation of replacement cartridges (as applicable) completed and documented.  
(EA-05.06, OSHA 29CFR 1910.151, ANSI Z 358.1) ☒ YES ☐ NO ☐ NA

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Plumbed eyewashes and showers are to be activated at least two minutes weekly. Self-contained eyewash units using concentrated buffer solutions are cleaned and new buffered saline is prepared according to manufacturer instruction. Saline is changed at least every 6 months or at frequency recommended by the manufacturer. Cartridges are not used past expiration date and the date the cartridge is placed into service (and the lot number if available) is documented. The preferred location for documenting the completion of this inspection is by initialing the Inspection Tag (RM-10), Eye Wash Station and Emergency Shower Weekly Inspection, available from Risk Management.*

- 8.04 With regard to Confined Spaces and Hazardous Atmospheres, has an "Identification of Confined Space Survey" of the work place been completed?  
(EA-05.07) ☒ YES ☐ NO ☐ NA

COMMENTS: Reviewed with Roy Stone URM  
Last Report Dated 6-2010

*METHODOLOGY: EA-05.07 "Confined Spaces and Hazardous Atmospheres" is a planning tool for safe entry into confined spaces that includes verification that the required precautions have been taken and the necessary equipment is available prior to entry. Applicability of the program in a work place is based on identification of confined spaces, the actual or potential hazards, and the frequency of entry and the type of work to be performed. Completed surveys are retained by the Risk Manager and respective Division Entry Supervisor(s).*

- 8.05 With regard to the Noise Control and Hearing Conservation Program:  
(EA-05.08)

- A. Are ear plugs or muffs provided in areas with posted notification of high noise exposure?  
☒ YES ☐ NO ☐ NA
- B. Is the posted notification validated by either the equipment manufacturer or an actual noise level survey of the area?  
☒ YES ☐ NO ☐ NA

COMMENTS: Reviewed with Risk Manager

*METHODOLOGY: A. Signs and tags shall be used to warn of hazards associated with exposure to high noise and the need to wear hearing protection. B. Notifications must be validated by either equipment manufacturer recommendations or an actual noise level survey. Notification posted without validation should be removed.*

**ATTORNEYS EYES ONLY**UNIT: HJDATE: 10-21-10INSPECTOR: SBD Jones**III. FACILITIES (Environmental Branch)****9. MANAGEMENT OF REFRIGERANT****9.01H** Is refrigerant stored in a secure area preventing access by unauthorized personnel?

(40 CFR Part 82 Subpart F) (EA-05.06)

☒ YES NO NACOMMENT: Reviewed/Inspected Storage Area,*METHODOLOGY: Assure that refrigerant is under lock and key. Note: offenders are allowed to remove refrigerants from under lock and key but not to put into or take from a closed refrigeration systems unless certified.***9.02H** Are all non-disposable recovery cylinders hydrostatically tested every five years?

(40 CFR Part 82 Subpart F)

☒ YES NO NACOMMENT: Reviewed Dates*METHODOLOGY: The retest date will be stamped on the neck of the Cylinder.***9.03H** Do all staff and offender technicians who perform work on HVAC sealed systems possess the require Environmental Protection Agency (EPA) certification?

(40 CFR Part 82 Subpart F)

☒ YES NO NACOMMENT: Reviewed Technician Barker's  
Certification*METHODOLOGY: Ask to see certifications of those who handle refrigerant.***9.04** For each disposable refrigerant cylinder issued to working stock:

(40 CFR Part 82 Subpart F)

A. Is it numbered as prescribed and the number marked on the cylinder?

☒ YES NO N/A

B. Is there a separate Refrigerant Usage Log for each cylinder?

☒ YES NO N/A

C. Are copies of work orders on which the refrigerant was used attached to the logs?

☒ YES NO N/A**Note: WSD does not use Work Orders.**

D. Are Refrigerant Usage Logs being retained for five years?

☒ YES NO N/ACOMMENT: Interview with Mr. Baker. Inspected  
Cylinders,*METHODOLOGY: A.-D. Each disposable cylinder is required to be numbered with the: Year, # of Cylinder for the particular Refrigerant and the Type of Refrigerant i.e. 10-03-R22. There must be a Refrigerant Usage Log for each cylinder.**rechecked  
9-25-22  
86  
9-10-22*

**ATTORNEYS EYES ONLY****III. Facilities (Environmental Branch); 9. Management of Refrigerant**

9.05 For all recovered refrigerant (non-contaminated and contaminated):  
(40 CFR Part 82 Subpart F)

- |   |                                      |                                     |     |
|---|--------------------------------------|-------------------------------------|-----|
| A. Are separate Disposition Reports maintained?   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            | N/A |
| B. Does each Report contain the required information?   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            | N/A |
| C. Do the Reports bear all appropriate signatures?  | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO | N/A |
| D. Are recovery cylinders with contents labeled to state unit name, type of refrigerant, amount of refrigerant, and condition of refrigerant (contaminated/non-contaminated)? | <input checked="" type="radio"/> YES | <input type="radio"/> NO            | N/A |

COMMENTS:

(C) Reviewers Disposition Reports  
DID NOT HAVE MR PUGH SIGNATURES

METHODOLOGY: A-D. Assure that a separate log is filled out for each recovery cylinder and that the recovery cylinders are properly labeled.

Recovery Cylinders

9-38-22      9-37-22

9-39-22      9-36-22

9-40-44

## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: October 27, 2010  
 (Month/Day/Year)  
 Functional Area Reviewed: Facilities (Maintenance)  
 Manual Chapter and Section Reference: Chapter III, Section 10-19  
 Total 'Applicable' Checklist Questions: 35 ( 5 High + 30 Other)

• **INTRODUCTION:**

*On October 23, 2010 at 1300 hours I began a three day audit of Facilities Maintenance Audit that began with interviewing of Maintenance Supervisor Pugh with staff Technicians: Mr. Baker, Mr. Brock and Mr. James Elliot and AD10-20 Coordinator Officer Wormly. Staff was helpful and knowledgeable of work order procedures, Key and Tool Control to include Tool Destruction procedures and log. I reviewed a random of 60 work order and checked for required information I reviewed/compared stock numbers between CMMS and on hand inventory for accurate quantity. I reviewed tool shadow boards and checkout logs. I inspected the Sensitive Tool room for checkout procedures. The refrigerant storage area, cylinders and the Refrigerant Logs were inspected to ensure procedures are maintained. I interviewed staff regarding water waste and refrigerant certification cards. Verified AD.20 Officer Wormly were Knowledgeable of and following the AD10.20 program.*

• **FINDING(S)**

<b>Finding 1 15.03H ( b )</b>				
<i>No Maintenance Supervisor signature on rs-249 forms for cylinders 9-36-22,9-37-22,9-38-22, 9-39-22, and 9-40-22</i>				
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.	Tech Mr. Baker immediately present incomplete zero balance RS-249 to Mr. Pugh for signatures.	Mr. Pugh	October 23, 2010	
2.	Tech M. Baker will immediately present complete zero balance RS-249 to Mr. Pugh	Mr. Baker	October 23, 2010	
3.	Tech Baker and Disposable Refrigerant logs will closely monitored by Maintenance Supervisor Mr. Pugh for the next 45 days	Mr. Pugh	December 15, 2010	

<b>Finding 2</b>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>

**ATTORNEYS EYES ONLY**

SM-01.23

**Attachment A**

1.				
2.				
3.				

**ATTORNEYS EYES ONLY**

Attachment A

# **OPERATIONAL REVIEW SERGEANT'S REPORT** (cont.)

- **SUMMARY:** *Mr. Pugh and his staff are doing a good job. The Maintenance Department is encouraged to continue doing a good job.*

- **OPERATIONAL REVIEW SERGEANT:**

SGT JONES  
(Print Name)

SGT JONES 10.29.10  
(Signature/Date)

Justification for Late Submission by Operational Review Sergeant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



- **WARDEN:**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head



Unit: Hutchins H.S  
Date: 10-27-2010**III. FACILITIES (Maintenance)****10. WORK ORDER MANAGEMENT****NOTES:**

1. Where instructed to review computer-generated documents (i.e., ADPICS, computerized management system, IMS, etc.), request assistance from the Unit Maintenance Supervisor or Office Administrator. Several questions note that a random sample of documents is to be selected based on the unit's maximum capacity: Small (323-899), Medium (900-2,399), or Large (2,400+). If unsure about the unit's capacity, refer to the 'Unit Profiles' published by Executive Services. [Any automated forms or systems used at state or privately operated units must mirror the forms issued and the system used by Facilities Division Maintenance.]
2. Section 14 (Maintenance Management), Items 14.01 and 14.02 only and Section 19 (Equipment Maintenance), all Items, are to be used only during the Division-Level Operational Reviews.

10.01 Compare the craftsman's copy (working copy) to the automated maintenance system copy (completed work order) to ensure the following information is correctly documented on both copies:  
(FDM-01.09) (FDM-01.10) (FDM-05.26) [ACA 4-4013]

- |   |            |    |     |
|---|------------|----|-----|
| A. Date Completed?  | <u>YES</u> | NO | N/A |
| B. Was short, detailed description of the work performed?   | <u>YES</u> | NO | N/A |
| C. Were all parts and materials issued from new parts inventory or other sources (i.e., bench stock, provided by Unit Supply, provided by Education, etc.)? | <u>YES</u> | NO | N/A |
| D. Were additional labor or part charges from Region Maintenance or an outside workforce, to include the work order or reference number, noted?             | <u>YES</u> | NO | N/A |
| E. Were applicable ADPICS numbers, IMS numbers or Procurement Card numbers for parts and materials noted?   | <u>YES</u> | NO | N/A |

COMMENTS: Interviewed Maintenance Supervisor Mr. [unclear]

**METHODOLOGY:** Randomly select completed corrective maintenance (CM) and preventive maintenance (PM) work orders as noted below for the previous three month period. Do not select any open work order or any work order closed for a reason other than being performed. Compare the craftsman's copy to the automated maintenance system copy, determine if all required information is contained on both copies of the same work order and determine if information on both copies of the same work order agree. Additionally, review the completed work orders (and RS-21's when appropriate) to verify all required information listed above is included.

- Small Units - 30 completed CM work orders; 20 completed PM work orders
- Medium Units - 45 completed CM work orders; 30 completed PM work orders
- Large Units - 60 completed CM work orders; 40 PM work orders

**NOTE:** Questions A - E above are in two parts. If either the craftsman's copy or the automated maintenance system copy is missing information, the response is NO. If information on the craftsman's copy and the automated maintenance system copy do not agree, the response is NO.

III. FACILITIES (Maintenance)

Unit: Hutchins  
 Date: 10-27-2010

11. INVENTORY MANAGEMENT

NOTE: This section applies to state-operated facilities only.

11.01 When comparing stock numbers between the automated maintenance system and physical on-hand inventory, do:  
 (Automated Maintenance System User Manual) (Facilities Division Management Requirement)  
 [ACA 4-4037]

- |   |                                      |                          |                           |
|---|--------------------------------------|--------------------------|---------------------------|
| A. Automated maintenance system inventory part records provide an accurate quantity of the random inventory sampled?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| B. Automated maintenance system inventory part records provide the accurate location of the random inventory sampled? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |

COMMENTS: Reviewed with Ma Pugh

METHODOLOGY: **A. Facilities (Maintenance)** 1. Randomly select 15 warehouse part stock numbers from the automated maintenance system and compare the "Available" quantity in this system to a physical inventory count of the same items. Randomly select 15 additional inventory items and compare the physical count to the "Available" quantity in this system under warehouse part stock numbers. 2. Using the same 30 inventory items as in "A," compare the "Storage" listed in this system to the actual physical location. **B. Operational Review Sergeants/TDCJ staff.** 1. Record a physical count quantity and storage location for 30 separate randomly selected warehouse parts. 2. Compare on-hand quantities and storage locations with CMMS data (CMMS/Inventory/Warehouse Parts/Enter each stock number to verify correct quantity and storage location).

NOTE:

Verify any differences by reviewing RS-21s for inventory issued/received that had not been either entered in this system or placed into the warehouse stock.

11.02 Do all on hand inventory items in the automated management system:  
 (Automated Maintenance System User Manual) (Facilities Division Management Requirement)[ACA 4-4037]

- |                            |                                      |                          |                           |
|----------------------------|--------------------------------------|--------------------------|---------------------------|
| A. Have an issue cost?     | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| B. Have a stated storage?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| C. Have a stated location? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |

COMMENTS: Reviewed with Ma Pugh

METHODOLOGY: **A.** Run Part List by Stock Number for  $Q\_AVAIL > 0$  and  $ISSUE\_COST$  is  $< .01$  to verify all on hand items have an issue cost. **B.** Run Part List by Storage for  $Q\_AVAIL > 0$  to verify all on hand items have a storage location. **C.** Run Part List by Location for  $Q\_Actual > 0$  to verify all on hand items have a location.

NOTES:

1. Cost only applies to actual on hand inventory (quantity greater than "0").
2. Operational Review Sergeants/TDCJ staff must request the Unit Maintenance Supervisor/Office Administrator provide them a copy of reports in A, B, and C of the above Methodology.
3. Identify items without an issue cost, stated storage and stated location.

**ATTORNEYS EYES ONLY**

## III. FACILITIES (Maintenance)

Unit: Hutchins  
Date: 10-27-2010

## 12. PREVENTIVE MAINTENANCE (PM) MANAGEMENT

12.01H Are emergency generator PMs completed as required?  
(FDM-05.06) [ACA 4-4218; ACA 4-4219]

A. Weekly?

☒ YES ☐ NO ☐ N/A

B. Monthly?

☒ YES ☐ NO ☐ N/ACOMMENTS: Reviewed with Mr Rish

*METHODOLOGY: Through automated maintenance system records, determine quantity of stationary emergency generators. (A. Weekly) Review the PM records for the previous three month period for one-half of the stationary emergency generators. Verify that the PM tasks were performed within six calendar days of the scheduled start date. (B. Monthly) Review the PM records for the previous three month period for the remaining stationary emergency generators (the other half) not reviewed in A. above. Verify that the PM tasks were performed within the same month of the schedule start date.*

12.02H. Within the past twelve calendar months, have all stationary emergency generators had:

(FDM-05.06) [ACA 4-4219]

A. Oil and oil filter changed and parts charged to the work order?

☒ YES ☐ NO ☐ N/A

B. Coolant tested in the first year and second year and changed in the third year as applicable for the 12 month period under review and documented on a work order?

☒ YES ☐ NO ☐ N/A

C. Fuel filters changed and parts charged to the work order?

☒ YES ☐ NO ☐ N/ACOMMENTS: Reviewed with Mr Rish

*METHODOLOGY: (A. - C.) Through automated maintenance system records, identify the work orders documenting that each of the above tasks has been completed for all stationary emergency generators during the last 12 calendar months. Additionally, review the craftsman's copy of these same work orders to verify that each of these tasks has been correctly documented.*

12.03 Is preventive maintenance scheduled for mandatory and non-critical equipment and systems reviewed?

(FDM-05.06) [ACA 4-4218; ACA 4-4219]

☒ YES ☐ NO ☐ N/ACOMMENTS: Reviewed with Mr Rish

*METHODOLOGY: Obtain copy of the automated maintenance system Report "Check - Equipment with No PM Schedule," and verify PM linked and active on mandatory and non-critical equipment and systems to include replacement, new, or additional equipment. Note equipment with no PM Schedule and/or not linked or not active as required.*

## III. MAINTENANCE (Facilities Division); 12. Preventive Maintenance (PM) Management

12.04 Has quarterly preventive maintenance been performed and documented for the following:  
(FDM-05.06) [ACA 4-4218]

- A. Pressure Reducing Valve, Gas/Air Sub-Station - 1544-PRV03Q?
- B. Underground Gas Lines - 1545-GSL01Q?
- C. Above Ground Gas Lines - 1546-GSL02Q?

<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

COMMENTS: Reviewed with Mr Pugh

*METHODOLOGY: Review the previous four quarters of PMs for 10 % or not less than 1 of the PRVs and all of the gas lines to ensure all required PM tasks have been conducted, properly documented, and that the Craftsman and Unit Maintenance Supervisor signed and dated the documents. These quarterly PMs must be completed within three months of the scheduled start date.*

ATTORNEYS EYES ONLY

## III. FACILITIES (Maintenance)

Unit: HJ  
Date: 10-27-2010

## 13. TOOL MANAGEMENT

13.01H Are shadow boards in place and properly configured?  
(AD-03.19) [ACA 4-4196M]☒ YES ☐ NO ☐ N/ACOMMENTS: VISUALLY INSPECTED SHADOW BOARDS

*METHODOLOGY: Verify that common and sensitive tool room shadow boards are in place, where space permits, to offer quick and accurate tool accountability. Verify that each tool on the shadow board is "shadowed" and that in instances of multiple tools hanging on one peg, only like tools are hung together and the total number of these tools noted.*

*NOTE: It is not a requirement for the tool number to be on the shadow board; however, if a number is displayed, verify that it matches the number engraved on the tool.*

13.02H Are Sensitive and Non-Sensitive/Common Tool Checkout Logs maintained per TDCJ policy?  
(AD-03.19) [ACA 4-4196M]

A. Does the department utilize separate Tool Checkout Logs for sensitive and non-sensitive/common tools?

☒ YES ☐ NO ☐ N/A

B. Are Tool Checkout Logs properly completed?

☒ YES ☐ NO ☐ N/A

C. Are sensitive tools only issued by a designated employee?

☒ YES ☐ NO ☐ N/ACOMMENTS: Reviewed CHECKOUT LOGS.

*METHODOLOGY: Review Common and Sensitive Tool Check Out Logs for the past 30-days including the logs for the day of the audit. A. Verify that separate logs are used for the issue and return of Common and Sensitive Tools. B. Verify entries on both logs are complete (i.e., date; requester's printed name; tool description; unique number of tool; time and date of issue with signed initials; and time and date of return with signed initials).*

13.03H For each of the 30, 60, or 90 tools checked (see Note below to determine sample size):  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

A. Is the master tool inventory list accurate?

☒ YES ☐ NO ☐ N/A

B. Are all tools properly engraved?

☒ YES ☐ NO ☐ N/A

C. Are sensitive tools stored separately from non-sensitive/common tools in a locked, secured location where offenders do not have access or where there is constant staff supervision?

☒ YES ☐ NO ☐ N/ACOMMENTS: Reviewed MASTER TOOL LISTS AGAINST checked tools. Reviewed tools.

*METHODOLOGY: A. Verify accuracy through comparison of checked tools with tools on the master tool inventory list. B. Verify tools are engraved with Unit/Division Identification Number (51), Department Number (1) and Tool Number (1). [Example: Unique Tool Number 51-1-1]. C. Verify sensitive and non-sensitive/common tools are properly stored.*

## III. FACILITIES (Maintenance); 13. Tool Management

**NOTE:** The purpose of Question 13.03H is to ensure agreement between actual "on-hand tools" and the unit's master tool inventory list. The number of tools checked is based on the size of the unit's total tool inventory, as noted below:

- Small inventory (less than 1,000 tools) - Check 30 total tools (on a 10/10/10 basis); or
  - Medium inventory (1,000 - 1,999 tools) - Check 60 total tools (on a 20/20/20 basis); or
  - Large inventory (2,000+ tools) - Check 90 total tools (on a 30/30/30 basis).
- **First** - Using the 'master tool inventory list', randomly select 10 tools from the master tool inventory list [or 20 or 30, as appropriate] and compare with the 'on-hand tools'; then
- **Second** - Randomly select 10 different tools from the 'on-hand inventory' [or 20 or 30, as appropriate] and compare with the 'master tool inventory list'; then
- **Third** - Randomly select 10 different tools from the 'on-hand inventory' of one or more tool boxes [or 20 or 30, as appropriate] and compare with the 'master tool inventory list.'

13.04H Is the Maintenance Department documenting twice daily visual inventories of tool rooms? ☒ YES ☐ NO ☐ N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS:

Reviewed documentation.

**METHODOLOGY:** Review records documenting twice daily visual tool inventories for tool rooms during the past 30 days, including the last work day prior to the audit date.

13.05H Are damaged, broken or unserviceable tools:  
(AD-03.19) [ACA 4-4196M]

- A. Secured in a locked storage container? ☒ YES ☐ NO ☐ N/A
- B. Stored with cutters removed/disabled? ☒ YES ☐ NO ☐ N/A
- C. Identified on the Tool Destruction Log? ☒ YES ☐ NO ☐ N/A
- D. Destroyed within one month after the "Date Placed Destruction Box/Taken Out of Service on the Tool Destruction Log?" ☒ YES ☐ NO ☐ N/A
- E. Approved for destruction by the Warden or designee prior to destruction? ☒ YES ☐ NO ☐ N/A

COMMENTS:

Verified storage container is locked,  
Reviewed Tool Destruction Log.

**METHODOLOGY:** Verify the storage container is locked. Verify all tools in the locked storage container are recorded on the Tool Destruction Log. Verify that all required entries on the Tool Destruction Log are completed. Confirm tool destruction approval was granted in writing by the Warden or designee prior to the destruction date. Confirm that the tool destruction was within completed one month after the "Date Placed Destruction Box/Taken Out of Service."

13.06H Do employees maintain a supplemental list of tools checked out from the sensitive or non-sensitive/common tool rooms until those tools are returned (e.g., specialty tools for a specific job)? ☒ YES ☐ NO ☐ N/A

COMMENTS:

Reviewed supplemental list  
with Mr. Brock Baker.

**METHODOLOGY:** Verify employees have a supplemental list for all specialty tools checked out from the sensitive or non-sensitive/common tool rooms.



**ATTORNEYS EYES ONLY****III. FACILITIES (Maintenance)**Unit: HJ  
Date: 10-27-2010**14. MAINTENANCE MANAGEMENT***Note: Items 14.01H and 14.02 are for Division-Level Operational Review Only*14.01H Are expenditures for employee housing reflected on the Employee Housing Log? YES NO N/A  
(ED-10.06) [ACA 4-4037]COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

*METHODOLOGY: Review the automated maintenance system "Buildings & Locations" list to ensure employee housing locations on the fixed asset run are shown and are coded to appear on the Employee Housing Log (BOQs are not included in this review). For the current and previous fiscal years, review the following automated maintenance system reports to verify all expenditures for employee housing are included on the Employee Housing Log: Work Orders Coded to UNT and HVS; Part Costs and Additional Charges Greater Than/Equal to \$500; Parts Issued Without a Work Order; Open Work Order Log; direct replacement and MWRs closed in the current and previous fiscal years.*

*(NOTE: The Hamilton Unit will track employee housing at the Buffalo Ranch.)*

14.02 Are automated maintenance system Equipment Item Files:  
(FDM-01.02) (FDM-05.06) [ACA 4-4037]A. Established for each replacement, new or additional item of equipment and system requiring preventive maintenance within 21 calendar days following installation? YES NO N/AB. Inclusive of all costs in order to reflect a complete equipment history? YES NO N/ACOMMENTS: \_\_\_\_\_  
\_\_\_\_\_

*METHODOLOGY: A. – B. Review the previous two months of reconciled Procurement Card purchases and MWRs for replacement, new or additional equipment/systems as well as direct replacement(s) which require(s) preventive maintenance since the last audit. Also review automated maintenance system reports: Work Orders Coded to UNT and HVS, Part Costs and Additional Charges Greater Than/Equal to \$500; Parts Issued Without a Work Order; and Open WO Log.*

14.03 Does the department have the following required TDCJ policies and are they current?  
(Facilities Division Management Requirement) [ACA 4-4013; ACA 4-4014]

A. Facilities Division Maintenance Standard Operating Policies Manual & Updates - Available from Facilities Maintenance Department Headquarters	<u>YES</u>	NO	N/A
B. ED-10.06 (Construction, Maintenance, Renovations or Alterations of TDCJ Facilities) - Available on TDCJ Mainframe Infopac	<u>YES</u>	NO	N/A
C. AD-03.19 (Control of Tools/Sensitive Items) - Available on TDCJ Mainframe Infopac	<u>YES</u>	NO	N/A

## III. FACILITIES (Maintenance); 14. Maintenance Management

- D. AD-10.20 (Identifying & Reporting Facility Maintenance Requirements) - Available on TDCJ Mainframe Infopac wornly  
☒ YES ☐ NO ☐ N/A  
 E. TDCJ Procurement Card Manual - Available on TDCJ Mainframe Infopac ☒ YES ☐ NO ☐ N/A  
 F. Facilities Division Preventive Maintenance Program Manual & Updates - Available from Facilities Maintenance Department Headquarters ☒ YES ☐ NO ☐ N/A  
 G. Facilities Division Guide Line For Managing Projects Constructed By The Maintenance Department ☒ YES ☐ NO ☐ N/A

COMMENTS: Interviewed with AD 10.20  
Coordinator officer wornly.

**METHODOLOGY:** Review each publication to determine if it is current. **A.** Prior to the review, go to TDCJ Intranet, select Facilities Division web site, click on Policies, select Maintenance SOPs, Click on FDM Table of Contents & print copy. If TDCJ Intranet is not available, contact Facilities Maintenance (936/437-7342) and request a copy of this index. Compare index, including revision dates, with each on-hand FDM to verify it is current. **B. - E.** Prior to the review, go to TDCJ Mainframe Infopac and print 1<sup>st</sup> page of each policy/manual. Compare revision dates on these pages with each on-hand policy/manual to verify it is current. **F.** Prior to the review, contact Facilities Maintenance (936-437-7342) and request a copy of the PM Manual Table of Contents by Subject. Compare this with the on-hand Table of Contents by Subject to verify it is current. Per FDM-05.06, the PM Manual is not complete unless a copy of the unit developed and Region reviewed annual PM Schedule is filed in the manual. Written verification of Region review is required **G.** Initial distribution by Facilities Maintenance at the time of the Division Level Operational Review & a maintenance department responsibility thereafter.

14.04 Does the department have a Generator Refueling Plan that includes:  
**(FDM-05.24) [ACA 4-4216]**

- A. Amount of fuel consumed under ¾ load per hour? ☒ YES ☐ NO ☐ N/A  
 B. Fuel tank capacity? ☒ YES ☐ NO ☐ N/A  
 C. Resources available for refueling? ☒ YES ☐ NO ☐ N/A

COMMENTS: Elliot interviewed with  
tech Elliot, verified plan is within compliance.

**METHODOLOGY:** Verify plan complies with TDCJ policy to include **A.** Amount of fuel consumed under ¾ load conforms to standards in **FDM-05.24**, (Attachment A). **B.** Fuel tank capacity is properly computed ( $H' \times W' \times L' = \text{cu. ft.} \times 7.48 = \text{Gallon Capacity}$ ). **C.** Description of resources available to transfer fuel from a refueling source to individual generators (i.e., tractor, fuel trailer, bulk tank, etc.) and estimate as to the time required to obtain replacement fuel.



ATTORNEYS EYES ONLY

## III. FACILITIES (Maintenance)

Unit: H3Date: 10-26-2010

## 15. REFRIGERANT MANAGEMENT

- 15.01H Is refrigerant stored in a secure area preventing access by unauthorized personnel? YES NO N/A  
(FDM-05.09) [ACA 4-4215M]

COMMENTS: Interviewed with Tech Baker,  
Inspected Storage Area,

METHODOLOGY: Inspect all refrigerant storage areas. Check to ensure all disposable and recovery cylinders are secured. Unauthorized personnel are defined as offenders and other than unit maintenance staff. A secure area is defined as behind lock and key.

- 15.02H Are all non-disposable recovery cylinders hydrostatically tested every five years? (YES) NO N/A  
(FDM-05.09) [ACA 4-4215M]

COMMENTS: INSPECTED recovery cylinders

METHODOLOGY: Inspect all recovery cylinders and verify the most recent hydrostatic testing date is within the last five years. The date should be stamped on the collar of the cylinder (not the cylinder itself). (NOTE: Disposable one time use recovery cylinders do not require testing.)

- 15.03 H Does each disposable refrigerant cylinder issued to working stock have:  
(FDM-05.09) [ACA 4-4215M]

- A. A unique number issued in a numeric sequence and ending with the type of Refrigerant (i.e., 98-1-R22, 98-2-R22, etc.) that is marked on the cylinder with a permanent type marker? (YES) NO N/A
- B. A separate Refrigerant Usage Log (RS-249)? 12  
(YES) NO N/A
- C. Copies of work orders attached to Refrigerant Usage Logs documenting the use of refrigerant? Separate  
(YES) NO N/A

COMMENTS: INSPECTED disposable refrigerant  
Cylinders AND REVIEWED USAGE LOGS. SIGNATURES  
MISSING ON THE FOLLOWING RS-249

METHODOLOGY: Inspect disposable refrigerant cylinders and review Refrigerant Usage Logs that were completed within the past six months. A. Verify that cylinders are marked in permanent marker with the "fiscal year - sequence number - type of refrigerant" (Example: 10-1-R22). The cylinder itself must be numbered not the shipping container. B. Verify that, on other than full cylinders, an RS-249 is maintained on each disposable cylinder (with the prescribed number noted on the log). Also check to verify the Craftsman and Maintenance Supervisor have both signed the RS-249 once a zero balance is reached. If the weight of the cylinder plus contents was noted in the initial log entry, the zero balance on the last log entry must be the weight of the cylinder less contents. If the cylinder contents only was noted in the initial log entry, the balance on the last log entry must be "0."

## III. FACILITIES (Maintenance); 15. Refrigerant Management

15.04 H Do all staff and offender technicians who perform work on HVAC sealed systems have the required Environmental Protection Agency (EPA) certification?  
(FDM-05.09) [ACA 4-4215M]

☒ YES ☐ NO ☐ N/A

COMMENTS:

Technicians Mr. Baker

*METHODOLOGY: Employee technicians are required to have their certification card (or a copy) in their possession at all times while offender technician certification cards must be on file in the maintenance department. At a minimum, technicians (staff and offenders) must have both Type I and II EPA-approved recovery certifications (one or the other is not sufficient to meet the requirement of FDM-05.09). At Units where low-pressure systems are utilized, technicians must have a Universal certification. (i.e., Jester IV, Montford, Estelle, Young, Wynne, and Marlin VA).*

15.05 H Are disposition reports properly prepared for each refrigerant recovery to include:  
(FMD-05.09) [ACA 4-4215M]

A. RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) for non-contaminated refrigerant?

☒ YES ☐ NO ☐ N/A

B. RS-251 Refrigerant Disposition Report (Attachment C, FDM-05.09) for contaminated refrigerant?

☒ YES ☐ NO ☐ N/A

C. Recovered Refrigerant (Attachment D, FDM-05.9 for contaminated or non-contaminated refrigerant?

☒ YES ☐ NO ☐ N/A

COMMENTS:

Jester interviewed with Tech Baker to ensure Alex knowledgeable of procedures. Reviewed Reports.

*METHODOLOGY: A. Verify the RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) is completed when non-contaminated refrigerant is recovered from a sealed system and not re-used in the same sealed system; ensure all required entries are completed on the form. B. Verify that the RS-251 Refrigerant Disposition Form (Attachment C, FDM-05.09) is completed when contaminated refrigerant is recovered from a sealed system and ensure all required entries are completed on the form. C. Verify that if the Recovered Refrigerant is not used in the same sealed system within 72 hours, that a disposition report (Attachment D, Stock #615-51-05179-2) is completed and attached to the cylinder.*

**ATTORNEYS EYES ONLY****III. FACILITIES (Maintenance)**Unit: Maintenance  
Date: 10-26-2010**16. PROCUREMENT CARD MANAGEMENT***NOTE: This section applies to state-operated facilities only.**NOTE: In order to address all the questions in this Section, you must review reconciled procurement card statements and supporting documentation for the past two months excluding the month of the review.*16.01 Were parts/tools/equipment/materials purchased brought into inventory? (YES) NO N/A  
(Automated Maintenance System User Manual) [ACA 4-4037]COMMENTS: Review reconciled procurement card statements.*METHODOLOGY: Verify that parts/tools/equipment/materials were brought into inventory.*16.02 Does the department ensure that each item purchased:  
(AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11) (FDM-05.09) (FDM-05.11)  
[ACA 4-4037] [ACA 4-4038]

- A. Is an authorized item? (YES) NO N/A
- B. Had prior documented Facilities Division Maintenance Headquarters authorization, if required? (YES) NO N/A
- C. Is compatible with the detailed description on the associated work order?  
*Note: This question applies only to items not purchased for stock.* (YES) NO N/A
- D. Is documented on a Material Request Form FDM-01.01, Attachment A, (Rev. 02) November 01, 2009. (YES) NO N/A

COMMENTS: Interviewed with Mr. Rugh, Reviewed Files.*METHODOLOGY: A. Review the 'unauthorized item list' in the current Maintenance Procurement Card Program General Information Guide to verify none of the items purchased is on the list and the items purchased were legitimate to the department function. B. Review files to verify that prior Facilities Maintenance authorization was obtained for refrigerant (commodity code 740-55) and commercial or security locking hardware (commodity codes 450-55 and 680-72) prior to the purchase. E-mail authorization is acceptable. C. Compare the detailed description of work on the associated work order for the specific item purchased to determine if it is compatible (i.e., pane of glass to repair a broken window but not gravel to repair storage building roof).**NOTE: Use the same group of records selected for 16.01 above.*16.03 Does each reconciled monthly statement reviewed have supporting documentation for each transaction?  
(AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11) (FDM-05.09) (FDM-05.11)  
[ACA 4-4037] [ACA 4-4038] (YES) NO N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review credit card statements and supporting documentation. Verify that the following supporting documentation is available in the department for each transaction: Charges: any of the following - receipt, invoice, packing slip, picking ticket or any other vendor supplied document that provides an itemized listing of items purchased. A vendor's stock number is acceptable as an itemized listing. If the vendor does not supply any documentation for transactions, the "Telephone Order Form" is an acceptable substitute. Credits: Any documentation noting the source of or reason for the credit is acceptable. Examples include credit slip supplied by the vendor, a copy of the original charge with a notation detailing the returned item(s) and/or a copy of the disputed charge form.*

## III. FACILITIES (Maintenance)

## 17. AD-10.20 PROGRAM MANAGEMENT

**NOTE:** Randomly select three departments (one must be an offender housing location) and request their Yearly Work Order Log (YWOL), Daily Inspection Log (AD-84) and Weekly Maintenance Department Reports for the previous 30 days. Review these documents in order to respond to Checklist questions.

- 17.01 Are Daily Inspection Logs (AD-84s) properly completed for each workday?  
(AD-10.20) [ACA 4-4218] ☒ YES ☐ NO ☐ N/A

COMMENTS:

INTERVIEWED WITH AD1020 OFFICER WORMLY

**METHODOLOGY:** Verify the AD-10.20 Representatives are documenting their inspections and recording their deficiencies on the Daily Inspection Log (AD-84). A Daily Inspection Log (AD-84) is required for each workday. All columns, except those designated "Maintenance User Only," must be completed. Additionally, the signature of the staff member conducting the inspection must be included.

- 17.02 Are Yearly Work Order Logs (YWOLs) properly completed?  
(AD-10.20) [ACA 4-4218] ☒ YES ☐ NO ☐ N/A

COMMENTS:

INTERVIEWED WITH AD1020 OFFICER WORMLY

**METHODOLOGY:** Verify the deficiencies reported on the Daily Inspection Log (AD-84) are also reported on the Yearly Work Order Log (YWOL). Verify the Work Order Number, Date Issued, Priority and Date Closed (when available) from the Daily Inspection Logs returned from maintenance are transferred to the Yearly Work Order Log. The Deficiency Description on the Yearly Work Order Log shall be similar to that on the Daily Inspection Log but does not have to be identical. Verify Department Supervisors document completion of weekly inspections by initialing the Yearly Work Order Log.

**NOTE:** With regard to Department Supervisor initials, weekly is defined as from Sunday to Saturday. Inspections can be conducted on Monday one week and on Friday the following week. While this period includes more than seven days, it is acceptable based on the above definition of weekly.

- 17.03 Does the Maintenance Department Annotate the Maintenance Use Only section of the department's Daily Inspection Log (AD-84) with the "Work Order Number, Date Issued" and "Priority" and return it to the department so that the information can be transferred to the Yearly Work Order Log?  
(AD-10.20) [ACA 4-4218] ☒ YES ☐ NO ☐ N/A

COMMENTS:

OBSERVED Yearly Work Order Log  
Interviewed Maintenance Supervisor Mr. Rush

**METHODOLOGY:** Verify the Maintenance Department has recorded the Work Order Number, Date Issued and Priority for newly identified deficiencies in the Maintenance Use Only section of the department's Daily Inspection Logs (AD-84s) returned to the department AD-10.20 Representatives. Verify the Department Supervisor (Head) initialed the Yearly Work Order Log weekly.

## III. FACILITIES (Maintenance)

Unit: H.I.  
Date: 10-21-2010

## 18. MAJOR WORK REQUEST (MWR) MANAGEMENT

- 18.01H Are all major construction and alteration projects authorized? ☒ YES ☐ NO ☐ N/A  
(BP-10.05; ED-10.06) [ACA 4-4028]

COMMENTS: Interviewed with Maintenance Supervisor Mr. Pugh

METHODOLOGY: Major construction and alteration projects are those with a cost of \$1,000 or more. For the time period since the last audit, review the following automated maintenance system reports for unauthorized major construction and alteration projects performed: Work Orders Coded to UNT and HVS; Part Costs and Additional Charges Greater Than/Equal to \$500.00; Parts Issued Without a Work Order; and Open Work Order Log. Conduct a visual inspection of the unit for obvious projects that were completed or are in progress without prior MWR approval. Interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.

- 18.02H Are all minor alteration or minor construction projects authorized? ☒ YES ☐ NO ☐ N/A  
(ED-10.06 [ACA 4-4028])

COMMENTS: Reviewed with Mr. Pugh

METHODOLOGY: Minor alteration and minor construction projects are those with a cost less than \$1,000. These projects require a DM approved by the Regional Director. For the time period since the last audit, review the following automated maintenance system reports for unauthorized minor alteration and minor construction projects performed: Work Orders Coded to UNT and HVS, Part Costs and Additional Charges Less Than \$500.00; Parts Issued Without a Work Order; and Open Work Order Log. Conduct a visual inspection of the unit for obvious projects that were completed or are in progress without prior DM approval. Interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.

- 18.03 Are all unit initiated MWRs entered into the automated maintenance system MWR Projects File? ☒ YES ☐ NO ☐ N/A  
(ED-10.06) (Guidelines for Automated Maintenance System MWR) [ACA 4-4028]

COMMENTS: OBSERVED entries, Reviewed with Mr. Pugh MAINTENANCE Supervisor

METHODOLOGY: Compare the CMS Major Projects report to the automated maintenance system MWR Projects file to ensure each MWR the unit submitted has been entered. MWRs which were not submitted by the unit are not to be considered in this review.

NOTE: Prior to review, request copy of the CMS Major Projects report from the Facilities Assessment Supervisor at Facilities Division Maintenance Headquarters (936-437-7342).

## VI. MANUFACTURING &amp; LOGISTICS

## 1. ADMINISTRATION

*NOTE: The following checklist items apply to state-operated facilities only.*

- 1.01 Does all facility staff have access to the M&L Operations Manual on the M&L Intranet? YES NO N/A  
(M&L Operations Manual, 1.02.04)

COMMENTS: NON MANUFACTURING Unit

*METHODOLOGY: Ask to see the method used for employees to view the Operations Manual on the M&L Intranet. Interview three employees to determine if they are able to review the Operations Manual on the M&L Intranet, when requested. The purpose is to ensure that employees have access to the Operations Manual, and know how it is available to them.*

- 1.02 Regarding standard operating procedures in the facilities:  
(M&L Operations Manual, 1.02.03)

- A. Has the facility developed and maintained Standard Operating Procedures documenting procedures for those tasks essential to the operation of the facility? YES NO N/A  
B. Does each SOP have an Acknowledgment Sheet that is signed by staff? YES NO N/A  
C. Has each SOP been reviewed at least once during the current fiscal year? YES NO N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy - Standard Operating Procedures. Ask to see five current SOPs. Review the SOPs and Acknowledgment Sheets. Review five current SOPs for the approving manager's signature, printed name and date on the first page of the SOP or on an Acknowledgment Sheet. (Standard Operating Procedures are not the same as Safe Operating Procedures.) The purpose is to ensure that essential facility operating SOPs are created, maintained and reviewed by staff during the fiscal year.*

- 1.03 Is the monthly Facility Production Variance Report completed and submitted to the division/department manager by the 5<sup>th</sup> of each month? YES NO N/A  
(M&L Operations Manual, 1.02.07)

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy - Facility Production Variance Report. Ask to see the last six Facility Production Variance Reports and sent receipts verifying they were completed and submitted on time. The purpose is to ensure that this monitoring tool is submitted to management on time for management to make practical production decisions.*



## VI. MANUFACTURING &amp; LOGISTICS; 1. Administration

1.04 Regarding M&amp;L records retention management:

**(M&L Operations Manual 01.02.08, ED-02.29)**

A. Are records maintained in accordance with TDCJ Records Retention Schedule?

YES

NO

N/A

B. Are records stored in a manner that is easily accessible to authorized personnel, and in an area that has adequate storage space, protected from water, fire and insect damage?

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L and TDCJ Records Retention policies. Select three items from the TCI Records Retention Schedule. Ask to see the oldest records that should be retained and inspect the area that the records are stored. The purpose is to ensure records are retained and stored appropriately.*

## VI. MANUFACTURING &amp; LOGISTICS

## 2. PRODUCTION

*NOTE: The following checklist items apply to state-operated facilities only.*

2.01 Regarding quality control procedures:

**(M&L Operations Manual, 2.01.06)**

A. Does the facility have a written quality control procedure that details the specific factory operations according to M&L policy?

YES

NO

N/A

B. Does the facility manager have an Acknowledgment Sheet that is signed by staff?

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review the M&L policy – Quality Control Procedures. Review the current quality control procedure(s) to ensure that the required areas are included, as noted in M&L policy. Review the accompanying Acknowledgement Sheet(s), TCI-168. The purpose is to ensure that quality control procedures have been developed, maintained, reviewed and acknowledged by staff.*

2.02 Is the raw material usage in the monthly report from the actual Material Order to Tool Room & Warehouse, RS-21 forms used during the month?

YES

NO

N/A

**(M&L Operations Manual, 2.02.02)**

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy – Accounting for Raw Materials and Finished Goods. Examine six actual RS-21 forms to verify that they are included in the monthly report for the month the materials were used. The purpose is to ensure that material movement is being documented appropriately.*

2.03 Is maintenance and repair to facility equipment documented according to M&L policy?

YES

NO

N/A

**(M&L Operations Manual, 2.01.04)**

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy – Equipment Maintenance and Repair, and related forms. Examine three historical equipment repair records and verify that all applicable forms are being used according to M&L policy. (Maintenance and repair to facility equipment requirements are different and separate from maintenance and repair of facility requirements, as required by agency policies.) The purpose is to ensure that equipment repair costs are documented and accounted for appropriately.*



VI. MANUFACTURING & LOGISTICS

3. FINANCIAL

**NOTE:** The following checklist items apply to state-operated facilities only.

- 3.01 Does the facility take a complete physical inventory count of raw materials, work in process, and finished goods inventories, ideally at February and August month-ends?  
(M&L Operations Manual, 2.02.06)

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy - Physical Inventory Counts, Stock Record Card (TCI-130), Inventory Count Summary (TCI-132), and the following Schedule 5 (TCI-53): Ending Warehouse Raw Material Inventory, Ending Work-In-Process, and Ending Warehouse Finished Goods Inventory (monthly report). Select five inventory items from the count sheet and verify the count sheet quantity equals the monthly report quantity and the stock record card quantity. Select five inventory items from the monthly report (different than the previous five selections) and verify the monthly report quantity equals the count sheet quantity and the stock record card quantity. (Use these 10 counts sheets [TCI-132s] for the next question.) The purpose is to ensure that physical counts are recorded.*

- 3.02 Do inventory count sheets include the following:  
(M&L Operations Manual, 2.02.06)

- A. Pre-numbered sequence to ensure all count sheets are returned to the office?  
B. The physical location of the inventory counted, e.g. row 5, shelf E?  
C. Signatures of offenders who counted?  
D. Signatures of supervisor who conducted or supervised that section's count?  
E. No perpetual inventory balance?

YES

NO

N/A

YES

NO

N/A

YES

NO

N/A

YES

NO

N/A

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy - Physical Inventory Counts, and the 10 count sheets (TCI 132) used in the previous question to verify that they include all of the above information. Verification of Item B will require a visible inspection of the physical location to ensure items are properly placed and match the count sheet (do not count items). The purpose is to ensure the integrity of the inventory process.*

- 3.03 Does the facility have a Product Pricing form (TCI-73) for each component part and finished good made by the facility?  
(M&L Operations Manual, 2.02.07)

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy - Pricing of TCI Products, and three Product Pricing forms for component parts and three for finished goods. The purpose is to ensure that Product Pricing forms are current and signed.*

## VI. MANUFACTURING &amp; LOGISTICS: 3. Financial

- 3.04 Is the Raw Materials and Finished Goods Summary report (TCI-50) submitted to the M&L Financial Support Office (FSO) by the 10<sup>th</sup> of each month? (M&L Operations Manual, 2.02.02)

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Contact the M&L FSO at the Wynne Unit by mainframe e-mail to CK18426 to determine if the last six reports were submitted by the deadline. The information in the report is the framework for TCI financial reports.*

## VI. MANUFACTURING &amp; LOGISTICS

## 4. OFFENDER TRAINING

**NOTE:** The following checklist items apply to state-operated facilities only.

4.01 Regarding offender strength reporting:

(M&L Operations Manual, 1.02.05)

A. Is the Offender Strength Report, M&L-97, submitted to the TCI Assistant Director by the 10<sup>th</sup> of each month?

YES NO

N/A

B. Is the correct form, Offender Strength Report, M&L-97, being used?

YES NO

N/A

COMMENTS: \_\_\_\_\_

**METHODOLOGY:** Review the M&L policy – Offender Strength Report. Review the last six months of the facility documentation and sent receipts to verify that the last six months of documentation has been submitted according to M&L policy. The purpose is to ensure the factory has documented offender turnout correctly and whether or not numbers of offenders are adequate to fulfill production requirements.

4.02 Regarding offender work and training programs:

(M&L Operations Manual, 1.04.02)

A. Is the Offender Training Tracking Report, M&L-98, submitted to M&L Offender Work and Training Programs by the 15th of each month?

YES NO

N/A

B. Is the correct form, Offender Training Tracking Report, M&L-98, being used?

YES NO

N/A

COMMENTS: \_\_\_\_\_

**METHODOLOGY:** Review the M&L policy – Offender Work and Training Programs. Review the last six months of the facility documentation and sent receipts to verify that the last six months of documentation has been submitted according to M&L policy. The purpose is to ensure that this measurement tool is submitted to management on time, allowing management to complete their documentation responsibilities in a timely fashion.

4.03 Are those offenders enrolled in an OJT program assigned to the job code under which they are enrolled?

YES NO

N/A

(M&L Operations Manual, 1.04.02)

COMMENTS: \_\_\_\_\_

**METHODOLOGY:** Review the M&L policy – Offender Work and Training Programs. Identify six offenders that are currently enrolled in OJT according to facility records, and the current Offender Training Tracking Report. Compare the job code to that on the tracking roster according to policy. The purpose is to ensure that offenders are enrolled in a corresponding OJT for the job code to which they are assigned.

## VI. MANUFACTURING &amp; LOGISTICS: 4. Offender Training

- 4.04 Are OJT Training Plans being administered as required in the provisions of the M&L policy?  
(M&L Operations Manual, 1.04.02)

YES NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review the instructions for completing an OJT Training Plan included in the M&L policy 1.04.02 Offender Work and Training Programs. Review the six offenders identified in 4.03 and ensure that their OJT Training Plans adhere to the provisions of the instructions. The purpose is to ensure that each facility is completing and submitting accurate OJT Training Plans to the unit Project RIO specialist.*

- 4.05 Are all eligible offenders being enrolled in an OJT program within 30 days of being assigned to the facility?  
(M&L Operations Manual, 1.04.02)

YES NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review the M&L policy – Offender Work and Training Programs and the instructions for completing an OJT Training Plan. Review the facility assignment dates of the six offenders identified in 4.03. Compare to enrollment data as reported on the Offender Training Tracking Report, M&L-98, the OJT-Individual Training Plan, and the Offender Training Tracking Roster. The purpose is to ensure offenders are enrolled in an OJT within 30 days of assignment.*

- 4.06 Are Work Against Recidivism (WAR) Employment Sheets, M&L-123, being submitted to M&L Offender Work and Training Programs in a timely manner?  
(M&L Operations Manual, 1.04.05)

YES NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy – WAR Employment Sheet. Review the facility's last six WAR Employment Sheets submitted and contact M&L Offender Work and Training Programs at (936) 437-8986 to verify that the last six WAR Employment Sheets have been submitted according to M&L policy. The purpose is to ensure that a WAR participant's WAR Employment Sheet has been received by M&L Offender Work & Training Programs so it can be provided to TWC and used for the WAR participant.*

- 4.07 Regarding offender performance evaluations:  
(M&L Operations Manual, 1.04.04)

A. Are Offender Performance Evaluation forms, M&amp;L-124, completed timely?

YES NO

N/A

B. Do offenders receive a copy?

YES NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review M&L policy – Offender Performance Evaluation. Review three completed Offender Performance Evaluation forms at the facility and interview offenders to verify receipt of copy. The purpose is to ensure evaluations are completed and provided to offenders.*

## VI. MANUFACTURING &amp; LOGISTICS

## 5. TOOL CONTROL

**NOTE:** The following checklist items apply to state-operated facilities only.

- 5.01H Are shadow boards in place and properly configured? YES NO N/A  
 (AD-03.19) [ACA 4-4196M]

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Verify that shadow boards are in place, where space permits. Verify that each tool on the shadow board is "shadowed" and that, in instances of multiple tools hanging on one peg, all the tools are the same and the total quantity stored on the peg is marked on the shadow board. The purpose is to allow quick and accurate tool accountability.*

- 5.02H Are all tools engraved appropriately? YES NO N/A  
 (AD-03.19) [ACA 4-4196M]

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Inspect a total of six issued and non-issued common and sensitive tools and one craftsmen's tool cart/box to verify tools are engraved appropriately. The purpose is to ensure unit/division identification number, department number, and tool number is engraved on tools.*

- 5.03H Regarding a Common Tool Check Out Log and a Sensitive Tool Check Out Log:  
 (AD-03.19) [ACA 4-4196M]

- A. Does the facility utilize appropriate logs to document the issuance and return of common and sensitive tools? YES NO N/A
- B. Are entries on each log complete (e.g., date, requester's printed name, tool description, unique number of tool, time and date of issue with signed initials, time and date of return with signed initials)? YES NO N/A
- C. Are employees the only persons issuing sensitive tools? YES NO N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Review and verify that separate logs are used for common and sensitive tools. Examine logs for completion. Observe tool check out/check in process. Review the last six check out/check in logs for compliance. The purpose is to ensure tools are issued, returned and documented appropriately.*

## VI. MANUFACTURING &amp; LOGISTICS: 5. Tool Control

5.04H Regarding sensitive tool storage:

(AD-03.19) [ACA 4-4196M]

A. Are sensitive tools stored separately from other tools?

YES

NO

N/A

B. Are sensitive tools maintained under lock and key in an area where offenders do not have access or where there is constant staff observation?

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Inspect tool storage areas. The purpose is to ensure that offenders do not have access to stored sensitive tools.*

5.05H Does the facility maintain an accurate master tool inventory listing?

(AD-03.19) [ACA 4-4196M]

YES

NO

N/A

COMMENTS: \_\_\_\_\_

*METHODOLOGY: Perform a random sample inventory of non-issued tools and tools stored in the tool room and compare counts to inventory listings for six tools. Perform a random tool inventory on one craftsmen's tool cart/box or other locations and compare counts to inventory listings. The purpose is to ensure that tools are accurately accounted for on the master tool inventory.*

## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: \_\_\_\_\_ Hutchins State Jail      Review Conducted: \_\_\_\_\_ October 21, 2010 \_\_\_\_\_  
 (Month/Day/Year)

Functional Area Reviewed: \_\_\_\_\_ Offender Grievance Procedure \_\_\_\_\_

Manual Chapter and Section Reference: \_\_\_\_\_ Chapter 1, Section 2 \_\_\_\_\_

Total 'Applicable' Checklist Questions: \_\_\_\_\_ 19 \_\_\_\_\_ (   1   High +   18   Other)

• **INTRODUCTION:**

*On October 21, 2010 at 1300 hours I interviewed Grievance Coordinator Ardra Scott-Burger. During the audit Mrs. Scott-Burger was very knowledgeable and helpful. I reviewed grievance files that were determined to be Life Endanger documents to ensure they were processed by policy. I reviewed past due grievance to ensure a notice of extension was attached. Mrs. Scott-Burger was in fact following grievance time limits. I reviewed step 1 grievance for correct responses. I completed a walk thru of the building to ensure I-127 and I-128 forms were available upon offender request. I inspected poster boards for "How to write grievances" form, was in fact posted. I reviewed 20 different types of process grievance To ensure correct coding was used, completion, responses, time limitation, correct process and filing. I inspected the Grievance Office to ensure records are kept confidential and properly secured. Record retention was checked to ensure grievance files are maintained for three years.*

• **FINDING(S)**

None			
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.			
2.			
3.			

Finding 2			
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.			
2.			
3.			

**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

# **OPERATIONAL REVIEW SERGEANT'S REPORT** (cont.)

- **SUMMARY:** *Mrs. Scott-Burger and unit Grievance Clerk Me. Goolsby are doing an excellent job maintaining the time frame, policies and procedures for this department and are encourage to keep up the good work.*

- **OPERATIONAL REVIEW SERGEANT:**

T. JOHNS  
(Print Name)

SCOTT/MES 10-29-10  
(Signature/Date)

**Justification for Late Submission by Operational Review Sergeant:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **WARDEN:**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head





ATTORNEYS EYES ONLY

Mrs. Scott Burger

## I. ADMINISTRATIVE REVIEW &amp; RISK MANAGEMENT (Offender Grievance Program)

## 2. OFFENDER GRIEVANCE PROCEDURE

(BP-03.77; AD-03.82; Offender Grievance Operations Manual [OGOM],  
TDCJ Records Retention Schedule)  
[ACA 4-4248, 4-4284, 4-4394]

The checklist questions noted with an asterisk (\*) also apply to Offender Transportation (2.02, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.11, 2.12, 2.19).

**NOTE:** For checklist questions 2.01 – 2.10, a sample of grievance investigations completed in the previous 90-day period and are selected based on the unit's maximum capacity, as noted below (NOTE: If unsure about the unit's capacity, refer to the 'Unit Profiles' published by Executive Services).

- Small Units (capacity up to 1000) – 20 grievances;
- Medium Units (capacity of 1001 - 2000) – 30 grievances; and
- Large Units (capacity of 2,001 +) – 50 grievances.

The sample of grievances to be reviewed shall be taken from the active files and should include at least one from each of the ten broad subject areas listed below:

000 – Emergency (Life Endangerment)/Specialty	500 – Facility Operations
100 – Religion	600 – Medical
200 – Classification	700 – Legal
300 – Communication	800 – Staff Complaints
400 – Disciplinary	900 – Miscellaneous

Contact the Unit Grievance Investigator (UGI) in advance to request the UGI retain copies of Step 1 grievances screened and returned to the offender unprocessed and Step 2 grievances forwarded to the Central Grievance Office in Huntsville (CGO) for one week prior to the review in order to answer checklist questions 2.11 and 2.19.

- 2.01H Are grievances determined to involve Life Endangerment issues (sexual abuse, sexual assault, fear of another offender, fear of staff, extortion, medical emergency) processed as an emergency in accordance with agency policy?

YES NO N/A  
COMMENTS: CURRENTLY DO NOT HAVE ANY LIFE  
ENDANGERMENT GRIEVANCES REVIEWED

**METHODOLOGY:** Interview Grievance staff regarding the procedures for processing emergency grievances (Codes 000, 001, 002, 007, 008 & 009). Review the OG-01 Grievance Investigation Worksheets attached to the grievance. The Unit Classification Chief and Major shall be notified for 000, 001 and 007 grievances, the Unit Warden for 002, the Unit Classification Chief, Major and Warden for 009, and the Office of the Inspector General (OIG) for 008 grievances in accordance with the Safe Prisons Plan. The required notifications shall be accomplished by mainframe e-mail followed by a telephone call to the highest-ranking security supervisor on duty to notify them of the claim. A copy of the e-mail, listing the names of the recipients, will be attached to the grievance investigative documentation. Medical Emergencies (Code 003) are immediately forwarded to the Health Services Administrator or Unit Practice Manager. (NOTE: The Emergency Checklist is a tool that can be used to determine if a matter presented in a grievance is to be processed as an emergency. The checklist consists of five questions and provides staff a consistent, systematic and efficient method of identifying emergency grievances. If the answer to even one question on the checklist is "YES", then the grievance is processed as life endangerment. If all questions are answered "NO", then the grievance is coded the best way to describe the offender's complaint and processed as a regular grievance. Emergency grievances are EXEMPT from all screening criteria.

## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

\*2.02 Are the correct issue codes used to identify the nature of the offender's complaint(s)?

COMMENTS: Reviewed codes YES NO N/A

*METHODOLOGY: Refer to the issue codes located in Appendix D of the OGOM. Compare the issue(s) grieved with the code(s) referenced to ensure the correct code was used. The issue code shall reflect the issue presented in the grievance, and the action requested by the offender.*

\*2.03 Are grievances about specific staff members investigated by staff other than those named in the grievance?

COMMENTS: INTERVIEWED Mrs Ardra Scott-Burgen YES NO N/A

*METHODOLOGY: Interview grievance staff and review investigative documentation. Staff involved in the subject matter of a grievance are NOT to participate in the investigation, or resolution of the grievance (to include the signature authority).*

\*2.04 Are Specialty Grievances:

A. Processed according to guidelines established in the OGOM?

YES NO N/A

B. Signed by the appropriate signature authority?

YES NO N/A

COMMENTS: Reviewed signatures

*METHODOLOGY: Specialty Grievances are non-emergency grievances that require prompt attention and/or special processing and consist of the following:*

- Allegations of use of force, criminal acts by staff, or harassment/retaliation for exercising access to courts rights (codes 800, 801, 803, 804, 805)
- Health Care issues related to access or quality of care, all Medical codes [except 601 and 642]
- Americans with Disabilities Act [ADA] complaints (code 004)
- Religious issues, claiming a burden on the free exercise of religion (codes 100, 101, 102, 104)
- Impermissible conduct by offenders [formerly known as SSI complaints] (code 005)

*The unit-level proponent for that functional area (i.e. Risk Manager, Chaplain, Operational Review Sergeant, Unit Safe Prisons Program Coordinator, etc.) investigates specialty grievances and provides a suggested response. (NOTE: Only a copy of the 'narrative portion' is provided to the unit-level proponent.) The Health Services Administrator or Unit Practice Manager is the signature authority for medical grievances and the Warden acknowledge their review by placing their initials on the front left-hand corner of the original form. In the case of multiple issues (e.g., food service and medical issue), responses provided and signed by medical staff are copied verbatim from the suggested response documented on the OG-01 and the warden is the signature authority. Specialty grievances relating to OIG issues (Use of Force, criminal acts by staff, Retaliation for Use of the Grievance Program, or Access to Courts) are processed according to the guidance found in Chapter IV of the OGOM. (NOTE: Discrimination issues are considered Specialty Grievances; however, are generally investigated by the UGI.) Specialty grievances are EXEMPT from all screening criteria.*

\*2.05 Are all grievances eligible for processing entered into the GR00 Case Tracking System on the date received, and updated as each stage of the grievance procedure is completed?

COMMENTS: Reviewed Tracking Screen YES NO N/A

*METHODOLOGY: Check the GR00 System to ensure that grievances eligible for processing are entered into the computer on the date received and updated as each stage of the grievance procedure is completed.*

**I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure****\*2.06 Grievance time limits:**

- A. Is the Step 1 grievance process completed within 40 days of the "received date" (unless extended), or within 30 days for disciplinary appeals? YES NO N/A
- B. Has a written "Notice of Extension" been forwarded to the offender and a copy placed with the grievance investigative documentation? YES NO N/A
- C. Are extensions entered in the GR00 Case Tracking System? YES NO N/A
- D. Were extensions applied prior to the grievance due date? YES NO N/A

COMMENTS: Interview grievance staff Mrs. Scott Burger  
Reviewed files, time limits.

**METHODOLOGY:** Emergency grievances are not eligible for time limit extension. A. Interview grievance staff to ensure adherence with time limits and check the closed dates for the grievances reviewed. Ensure grievances regarding disciplinary appeals are processed within 30 days of receipt from an offender. B. & D. Grievance staff is authorized one 40-day extension per grievance prior to the due date when needed to complete an investigation. Review files to ensure each past due grievance was extended with the appropriate Notice of Extension (Appendix M of the OGOM) sent to the offender and a copy is included with the file copy of the grievance. C. Review the GR00 "19" screen for grievances that have been extended to ensure proper notation in the comment section (STEP 1 EXT MM-DD-YY).

- \*2.07 Does the Step 1 grievance response address the issue(s) presented by the offender?** YES NO N/A

COMMENTS: Reviewed Step 1 grievances

**METHODOLOGY:** Compare the Step 1 grievance response to the issue(s) presented in the grievance, the offender's requested remedy, and the suggested response documented on the OG-01. Responses are to be factual, informative, address the issue(s) presented, and provide closure (not sarcastic, threatening or antagonistic towards the offender). The investigation is to support the response.

**\*2.08 Are the following documents completed, as applicable, and attached to the file copy of the grievance:**

- A. "Office Use Only" section of the Step 1 grievance? YES NO N/A
- B. OG-01 Grievance Worksheet? YES NO N/A
- C. Unit documents (tracking rosters, recreation logs, policies, written unit rules, etc.)? YES NO N/A
- D. Written statements from staff or offenders, and are they signed and dated? YES NO N/A
- E. All forms used in the investigation of a grievance? YES NO N/A

COMMENTS: Reviewed Step 1 grievances

**METHODOLOGY:** A. Review the I-127 Step 1 grievance for proper completion of the "Office Use Only" Section (grievance #, date received, date due, grievance code, investigator ID #, extension date, date returned to offender). B. Review OG-01's for complete entries: Unit; Invest #: date initiated; date completed; date due; offender name; TDCJ #: grievance #: issue code; emergency (yes/no); Specialty Grievance; summary of issue; requested remedy; summary of fact finding activity; suggested response to offender; outcome code; completed by (name, title, signature, date); Warden/Designee (no action warranted, protective custody, refer to the OIG, cell change/transfer, administrative action, signature and date). C. All unit documents supporting the investigation are to be attached to the grievance. D. Written statements from staff or offenders are to be signed and dated. E. All forms used in the grievance investigation are to be attached, as applicable (Disciplinary Worksheet and Document Checklist, Emergency Checklist, Property Claim Checklist, Property Settlement Agreement, Monetary Reimbursement Agreement, Notice of Extension, Documents and Forms Required for Investigation of Medical Grievances and any other forms).

## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

- \*2.09 Is the outcome code assigned to each grievance based on the action taken and the response provided to the offender?

YES NO N/A

COMMENTS: Reviewed '19' screen  
Reviewed 10 grievance

METHODOLOGY: Refer to the outcome codes and their definitions listed in Appendix E of the OGOM. The outcome code should reflect the action taken as a result of the grievance. Compare the outcome code entered on the OG-01 and the GR00 "19" screen to the action taken as a result of the grievance:

C – Administratively Closed

D – No Action

H – Grievances Screened/Returned to the Offender for Correction/Resubmission

R – Resolved

T – Referred to the Office of the Inspector General (OIG) for Appropriate Action

U – Grievance Included With the Use of Force Report for Review

Reviewed

- 2.10 Are copies of grievances maintained for three years after the grievance is closed, then disposed of in accordance with the Records Retention Schedule?

YES NO N/A

COMMENTS: Reviewed the Records Disposition Log.  
Interviewed with Mr. Scott Burger,

METHODOLOGY: The Administrator of Offender Grievances notifies grievance staff via mainframe email regarding the specific purge date for all files not involved in litigation (September and February). Interview grievance staff, review the Records Disposition Log (Appendix Q), and check the offenders' files for the grievances reviewed, as well as 10 inactive files to ensure records are purged. Review the GR00 "19" screen, specifically the Litigation field. If a "Y" appears in that field, the grievance file is not to be purged. If there is a recent Email litigation request, the file is not to be purged without first contacting the CGO and checking the status of the request. (NOTE: When an offender departs from the custody of TDCJ, the grievance file is maintained at his last unit of assignment.)

- \*2.11 For grievances that are returned to the offender unprocessed:

- A. Is the screening criteria applied correctly? YES NO N/A
- B. Is proper documentation recorded on the grievance forms? YES NO N/A
- C. Are entries to the GR00 Automated Tracking System correct? YES NO N/A
- D. Are copies of screened grievances maintained in the offender's grievance file? YES NO N/A

Reviewed 20

COMMENTS: Reviewed grievances

METHODOLOGY: Review 20 (or all if less than 20) grievances returned to an offender unprocessed. **Emergency and Specialty grievances are EXEMPT from all screening criteria.** A. Refer to the definitions of the screening criteria discussed in Chapter IV of the OGOM. Ensure the screening criterion listed is consistent with the definition. Check the GR00 "18" screen for grievances screened for #2 "Submission in excess of 1 every 7 days" and check the grievance file for grievances screened for #9 "Redundant" to verify the grievance is a repetitive grievance. **Disciplinary appeals are exempt from screening criteria #2, Submission in excess of one every seven days and #5, No documented attempt at informal resolution.** B. Ensure the UGI: Marked the appropriate screening criteria in the "Returned because" section of the I-127 (NOTE: The criteria noted with an asterisk [\*] are eligible for correction and resubmission.); date stamped the grievance at the end of the narrative portion of the grievance; completed the return criteria section on the back of the I-127; and signed and printed their name on the "UGI Signature" line. C. Review the "19" screen for entries to the GR00 to ensure: The appropriate use of the "99" codes (the first number of the issue code + 99 [i.e., if the issue code is 500, it would be coded 599, etc.]; the subject line reflects a brief description of the allegation; the comment section notes "Ret Step 1 # (1-11)"; and the outcome code is always "H".



## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

**NOTE:** For checklist questions 2.12 – 2.15, interviews are to be conducted with 10 unit staff and 15 offenders. Staff interviews are to include security staff, at least one security supervisor and one departmental supervisor. Offender interviews are to include at least one offender from each custody level housed at the unit. A physical inspection (when indicated in the methodology) is to include at least one housing area for each custody level of offender housed at the unit.

- \*2.12 Do unit Security and Departmental Supervisors actively participate in the investigation and resolution of grievances that pertain to their area of responsibility?

YES NO N/A  
COMMENTS: Interviewed security Supervisor and observed the process.

METHODOLOGY: Interview security supervisors and unit department heads and review OG-01's.

- 2.13 Are grievance forms (I-127, I-128) available to offenders upon request?

YES NO N/A  
COMMENTS: Forms delivered once a week, checked building locations for English and Spanish.

METHODOLOGY: Interview staff and offenders. Grievance forms shall be available to offenders from staff and/or located in prominent locations on the unit (i.e. housing areas [to include Ad Seg, Solitary, Death Row, G5/J5/P5], security stations, law library, etc.). Spanish forms may be maintained in the UGI's office for reproduction.

- 2.14 Are offenders, either allowed to assist one another, or provided assistance by staff (if needed) in preparing grievances?

YES NO N/A  
COMMENTS: Interviewed staff and offenders.

METHODOLOGY: Interview staff and offenders to determine if offenders are able to receive assistance in preparing grievances, if needed.

- 2.15 Are grievances collected each workday by Grievance Staff?

YES NO N/A  
COMMENTS: by grievance staff

METHODOLOGY: Interview staff and offenders. Offenders are to place their grievances in the collection box or hand directly to grievance staff. Security officers are NOT authorized to collect grievances unless assigned to the Unit Grievance Office as an Alternate Grievance Investigator.

- 2.16 Are offender grievance:

A. Collection boxes accessible to offenders and kept locked at all times?

YES NO N/A

B. Records (i.e., GR00 Automated Tracking System, files, originals, investigative documentation, etc.) kept confidential and secure at all times?

YES NO N/A

COMMENTS: Reviewed locations of collection boxes.

METHODOLOGY: A. Check grievance collection box locations (e.g., adjacent to the dining hall, main hallway, housing areas, etc.) and ensure the boxes are locked. B. Interview grievance staff and observe the physical layout of the grievance office. Ensure staff "signs off" of the computers when not in use. During non-working hours, grievances and file copies are to be stored in locked file cabinets or another secured area. (NOTE: Keys are restricted to Grievance staff and the Warden.) Review the previous 30-day period of Key Logs to verify restricted access to keys.

**I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure**

2.17 Are current copies of the following documents accessible to offenders:

- A. BP-03.77 'Offender Grievances' and AD-03.82 'Management of Offender Grievances' located in the Law Library? YES NO N/A
- B. Instructions "How to Write and Submit Grievances" (Spanish & English), Form OG-02, located in the Law Library, and posted in the housing areas and prominent locations throughout the unit? YES NO N/A

COMMENTS: Reviewed / Inspected Bulletin boards.

**METHODOLOGY:** A. Interview law library staff and check for copies of BP-03.77 and AD-03.82. B. Check the Law Library, offender housing locations, main hallway bulletin boards, and other areas accessible to offenders to ensure the grievance instructions are available. (NOTE: The unit orientation packet for each newly assigned offender and the TDCJ Offender Orientation Handbook also contains the OG-02.)

2.18 Are offender grievance files:

- A. Kept on the unit of assignment when an offender departs the unit temporarily? YES NO N/A
- B. Forwarded to the new unit of assignment when an offender is transferred? YES NO N/A
- C. Entered into the GR00 24 screen when forwarded to a new unit? YES NO N/A

COMMENTS: Grievance Department do not receive A outgoing chain list.

**METHODOLOGY:** Review the outgoing chain lists for the previous 60-day period and select 10 offender names. Check that the offender's grievance file is still on the unit if the offender temporarily departed for a medical appointment, crisis management, etc., or was forwarded for those offenders transferring to a new unit of assignment. Review the GR00 "24" screen to determine the date the file was forwarded.

\*2.19 Are Step 2 grievances received by the UGI:

- A. Reviewed for emergencies? YES NO N/A
- B. Date stamped as to the "UGI Rec'd Date" and the grievance number and issue code hand-written in the 'Office use Only' box (on the front of the form)? YES NO N/A
- C. Translated by a TDCJ certified interpreter, if written in Spanish? YES NO N/A
- D. Appropriately entered into the GR00 database? YES NO N/A
- E. Forwarded, with all investigative information from the Step 1 grievance file, to the Central Grievance Office (CGO)? YES NO N/A

COMMENTS: Currently have only two step 2 grievance # 2010219914 and # 2010220276

**METHODOLOGY:** Step 2 grievances are collected from offenders in the same manner as Step 1 grievances. Review 20 Step 2 grievances (or all if less than 20) to ensure: A. The UGI reviewed the grievances for emergency situations. B. The UGI date stamped the Step 2 grievance form on the "UGI Rec'd Date" line and wrote the grievance number and issue code on the appropriate lines of the 'Office Use Only' box on the front of the form. C. Ensure that grievances written in Spanish were translated into English by a certified interpreter prior to forwarding to the CGO. D. Review the corresponding GR00 "19" screen entry (Rec'd at unit) to ensure the dates, as well as the grievance number and issue codes are consistent. E. Check that the originals of the Step 1 and Step 2 grievance forms, and copies of the Step 1 investigation documents were forwarded to the CGO.

## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: \_\_\_\_\_ Hutchins State Jail      Review Conducted: \_\_\_\_\_ October 22, 2010 \_\_\_\_\_  
(Month/Day/Year)

Functional Area Reviewed: \_\_\_\_\_ Risk Management \_\_\_\_\_

Manual Chapter and Section Reference: \_\_\_\_\_ Chapter 1, Section 8 \_\_\_\_\_

Total 'Applicable' Checklist Questions: \_\_\_\_\_ 15 \_\_\_\_\_ ( \_\_\_\_ 7 \_\_\_\_ High + \_\_\_\_ 8 \_\_\_\_ Other)

## • INTRODUCTION:

On October 22, 2010 at 1300 hours I interviewed Risk Manager Coordinator Roy Storie. During the audit Mr. Roy Storie was very knowledgeable and helpful. I reviewed training documents indicating that Mr. Storie is providing training to department supervisors on work place fire and safety inspections. I reviewed inspection documentation on file for the previous six months. I reviewed the Major's response plan various officers were interviewed to ensure they were knowledgeable of the fire evacuation plan. I conducted a walk through and reviewed fire extinguishers inspection dates. Visually inspected emergency keys and I also interviewed several supervisors to ensure they are aware of the Fire Plan and Work Safe Program. I reviewed training documentation with regard to temperature extremes. I reviewed documents on CDSO assignments. I reviewed fire watch documentation for previous six months. I verified URM Monthly Summary Reports were being completed. I inspected to ensure that Risk Assessments Codes were being issued to outstanding deficiencies.

## • FINDING(S)

Finding 1 8.04H ( E )				
Last tabletop drill was conducted October 7, 2009. No major emergency tabletop within 12 months period.				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Mr. Storie will meet with Warden B. Polk for appropriate drill date assignment.	Warden B. Polk	October 31, 2010	
2.	Major tabletop will be conducted	Mr. Roy Storie	November 22, 2010	
3.	Major May will be sent an email of completion of each tabletop and monitor for six months.	Mr. Roy Storie	November 22, 2010	

Finding 2 8.13 ( B )				
Alternate Unit Risk Manager has not attended Risk Manager Training.				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Regional II Risk Manager Michelle Parker will conduct a test November 3, 2010. Mr. Roy	Mr. Roy Storie	November 3, 2010	



**ATTORNEYS EYES ONLY**

SM-01.23

**Attachment A**

	Storie will continue unit level training.			
2.	Alternate URM will attend Risk Management Training scheduled for April 2011.	Mr. Roy Storie, HR Representative, Larry Kines.	April 2011	
3.	Upon completion Mr. Roy Storie will send an email to Operations Review Sergeant T. Jones.	Mr. Roy Storie	April 2011	

**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

# **OPERATIONAL REVIEW SERGEANT'S REPORT** (cont.)

- **SUMMARY:** *Mr. Roy Storie is doing a great job at his realm of responsibility and he is encouraged to continue doing a good job, at eliminating any/all safety violations.*

- **OPERATIONAL REVIEW SERGEANT:**

SGT T. TONES  
(Print Name)

SGT T. TONES 10-29-10  
(Signature/Date)

Justification for Late Submission by Operational Review Sergeant: \_\_\_\_\_



- **WARDEN:**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head



**ATTORNEYS EYES ONLY**Unit: Hutchins State Jail Date: 10-21/22/2010**I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT****8. RISK MANAGEMENT**  
(Risk Management Program Manual)**NOTE:** The following checklist items are NOT applicable to Offender Transportation: 8.01D; 8.04B; 8.07B; 8.11; 8.13; 8.14.**8.01H** With regards to unit safety, fire safety, emergency response and risk management training, does the unit:  
(RM-04) [ACA 4-4220M; ACA 4-4221M; 4-4455M]

- |    |  |            |    |     |
|----|--|------------|----|-----|
| A. | Provide initial unit orientation training for newly assigned staff (uniformed & non-uniformed that includes an overview of the unit Major Emergency Response Plan?       | <u>YES</u> | NO | N/A |
| B. | Provide all employees annual training in fire prevention, suppression and emergency evacuation procedures?   | <u>YES</u> | NO | N/A |
| C. | Risk Manager provide training to department supervisors regarding 'how to' conduct workplace fire and safety inspections?  | <u>YES</u> | NO | N/A |
| D. | Provide newly assigned offenders initial unit orientation information regarding basic safety responsibilities and procedures?  | <u>YES</u> | NO | N/A |
| E. | Risk Manager monitor departmental initial training activities for employees and offenders, to verify training is provided on proper job related safety responsibilities? | <u>YES</u> | NO | N/A |
| F. | Risk Manager monitor departmental monthly safety training for employees and offenders, to verify one-hour of training is provided each month?                            | <u>YES</u> | NO | N/A |

COMMENTS: Reviewed Training For previous 3 months

**METHODOLOGY:** All records reviewed must indicate training has been provided to staff and offenders. A. Review all new employee's training documentation for the previous 3-month period. Documentation must indicate that the training includes information on the entire Plan (beyond fire prevention, suppression, and evacuation). B. Review the unit's annual fire training documentation. C. Review supervisor training documentation for the previous 6-month period. D. Review 25% of the initial unit offender training documentation for offenders assigned to the unit for the previous 3 month period. E. Review documentation on file in the Unit Risk Manager's (URM) office and on file in all unit departments where offenders have work assignments. Review a total of 25% of the department records for assigned offenders (example: department has 88 assigned offenders, review 22 records). F. Review documentation on file in the URM's office and each individual department for the previous 3-month period.

**8.02H** Is there a comprehensive inspection program established, to include:  
(RM-24) [ACA 4-4212M; ACA 4-4329M]

- |    |   |            |    |     |
|----|---|------------|----|-----|
| A. | Department supervisors conducting weekly inspections of their respective work areas and documenting deficiencies?           | <u>YES</u> | NO | N/A |
| B. | The URM conducting a monthly comprehensive inspection of the unit?  | <u>YES</u> | NO | N/A |
| C. | Risk Assessment Codes being issued to outstanding deficiencies?   | <u>YES</u> | NO | N/A |
| D. | No Risk Assessment codes of 1 or 2 deficiencies were identified during the inspections that were not previously documented? | <u>YES</u> | NO | N/A |

COMMENTS: Review URM Documentation

**METHODOLOGY:** A. Review inspection documentation on file in the URM's office and in all departments for the previous 6-month period (of the 26 weekly inspection documents reviewed in each department, not more than 2 weekly inspections can be missed, and these 2 weeks shall not be consecutive). B. Review the URM's documentation on monthly inspections for the previous 6-month period. C. Review documentation for the previous 6-month period and verify Administrative Directive 10.63 is appropriately utilized to validate severity of identified deficiencies. D. Using the Unit Risk Managers inspection checklist as a guide, conduct a comprehensive inspection of the staff and offender work areas. Identify and documented any deficiencies that are considered a Rac 1 or 2 according to A.D-10.63. (Rac 1 is defined as Emergency – Imminent or likely death or imminent serious injury. Rac 2 is defined as Urgent – Possible death, likely

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

serious injury, imminent moderate injury, minor first aid, or legal action/citation). AD-10.63 "Operational Risk Assessment Program", shall be utilized to effectively categorize noted deficiencies. Any deficiency that is detected during the Operational Review where it is unclear whether a serious risk to personal life safety, health or unit security is present, should be referred to Risk Management Central Office for resolution.

8.03H Does the unit have:

AD - 3.16 [ACA 4-4215M]

- |    |   |            |    |     |
|----|---|------------|----|-----|
| A. | A written policy and procedure for the storage, control, and use of all hazardous chemicals, that includes a method that accounts for the distribution and accountability of these chemicals? | <u>YES</u> | NO | N/A |
| B. | Hazardous chemicals stored with regards to their flammability and/or chemical characteristics?  | <u>YES</u> | NO | N/A |
| C. | Hazardous chemicals stored in secure areas that are inaccessible to offenders, and are controlled and accounted for?  | <u>YES</u> | NO | N/A |

COMMENTS: Inspected chemical storage area.  
Reviewed written policy and procedure.

**METHODOLOGY:** All documentation and inspections must indicate a procedure is in place and functional for the control, distribution and use of hazardous chemicals. A. Review policy to verify it addresses the unit requirements regarding the procedures and practices for hazardous chemicals. B. Inspect chemical storage areas. Verify flammable chemicals are stored in approved flammable storage cabinets. Verify reactive chemicals are stored with regards to their chemical characteristics. Refer to Material Safety Data Sheets (MSDS) for specific chemical storage requirements, if unsure of particular chemicals. C. Inspect chemical storage areas to verify offender access is restricted and controlled and individual chemical accountability logs reflect accurate inventory.

8.04H Does the unit have the following items regarding the Major Emergency Response Plan:

(RM-05) [ACA 4-4220M, ACA 4-4221M; ACA 4-4222M]

- |    |  |            |           |     |
|----|--|------------|-----------|-----|
| A. | A risk assessment conducted by the URM that identifies potential threats to the unit?  | <u>YES</u> | NO        | N/A |
| B. | A current plan that addresses response and evacuation issues, to include a specific Medical Department evacuation plan that addresses ambulatory and non-ambulatory patient evacuation?                            | <u>YES</u> | NO        | N/A |
| C. | A detailed unit fire plan, that addresses such issues as response, evacuation, suppression, etc. and has the plan been provided to the local responding fire department?   | <u>YES</u> | NO        | N/A |
| D. | A detailed procedure that specifies means for the immediate release of offenders from locked areas of the unit during an emergency?  | <u>YES</u> | NO        | N/A |
| E. | Documentation of table-top and functional exercises being conducted relating to staff responsibilities and actions during emergency situations?  | YES        | <u>NO</u> | N/A |
| F. | A location for the plan that maintains its "security-sensitive and confidential" nature, allows for employee review, and is readily accessible to senior supervisory staff during periods of emergency situations? | <u>YES</u> | NO        | N/A |

COMMENTS: LAST TABLE TOP CONDUCTED  
OCTOBER 2, 2009

**METHODOLOGY:** All documentation must indicate the unit has established a functional Major Emergency Response Plan. A. Review the Plan's Tab J for completion. B. Review the Plan for annual reviews, updates and changes; and, building/room floor plans highlighting emergency exits, paths of travel and areas of refuge. Verify during walk-thru inspection of the unit that Emergency Exit diagrams are conspicuously posted. Verify the Unit Fire Plan. C. Documentation to verify the responding local fire department has been provided a copy, or has at least reviewed the plan. D. Review plan for procedures clearly defining the responsibilities of personnel in emergency situations; to include, the location and identification of keys. In the event the unit utilizes only manual locking systems, a staff plan for manually releasing locks shall be identified. E. Review documentation for the previous 12-month period to verify a minimum of one major emergency tabletop exercise

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

and one functional exercise is conducted each year. Verify both tabletop exercises and full-scale simulations are evaluated in writing, to include recommendations for changes in procedures, equipment, and other similar items. F. Review the location where the Plan is maintained. Copies of specific sections of the Plan may be distributed to appropriate local authorities and any outside agencies or departments on a need-to-know basis.

8.05H With regards to fire protection, suppression and alarms, and staff responsibilities, does the unit:

(RM-05; RM-17; RM-22) [ACA 4-421M, ACA 4-4220M, ACA 4-4221M]

- |    |   |            |    |     |
|----|---|------------|----|-----|
| A. | Have either an operable automatic fire/smoke alarm system and/or approved 24-hour fire watch program?   | <u>YES</u> | NO | N/A |
| B. | Inspect fire extinguishers monthly and annually, and service them as required?  | <u>YES</u> | NO | N/A |
| C. | Have fire extinguishers properly distributed and available?   | <u>YES</u> | NO | N/A |
| D. | Have emergency exit keys identifiable by sight and touch?   | <u>YES</u> | NO | N/A |
| E. | Conduct fire drills at least quarterly in all areas/departments/buildings of the unit, including offender-housing areas?  | <u>YES</u> | NO | N/A |
| F. | Ensure staff members are familiar with the fire plan, to include their responsibilities regarding emergency response and are the response times during emergency fire drills within established parameters? | <u>YES</u> | NO | N/A |
| G. | Have a written policy/procedure regarding an established Hot Work Permit program?   | <u>YES</u> | NO | N/A |

COMMENTS: UNIT UTILIZED 24 HOUR FIRE WATCH PROGRAM.

**METHODOLOGY:** A. Visually inspect the fire alarm panels to verify the system is functional. If the system is functional, verify that a 24 hour fire watch program is approved to be implemented within 4 hours in the event the system goes down. If the system is not functional review documentation of the 24-hour fire watch program for the previous 6 month period to verify staff members are properly documenting fire watches. Verify the 24-hour fire watch program has an approval letter from the Administrator of the Risk Management Program stating the plan has been accepted. B. During a walk-thru review of the unit, visually inspect all extinguishers for inspection and servicing dates. Of the extinguishers inspected, 97% must show evidence of monthly inspection documentation. C. Review placement and accessibility of fire extinguishers during walk-thru review. (Note: In correction/detention occupancies, fire extinguishers may be maintained in locked locations, as long as staff is knowledgeable of the location of the extinguishers and keys are readily available.) D. Visually inspect emergency keys and interview control picket/central control officer to verify they are knowledgeable of the location and identification of the emergency keys. E. Review documentation for the previous 6 month period and verify a drill has been conducted each security shift in each offender living area (building) at least once per quarter and at least quarterly in all other buildings/work areas. F. Interview 10 staff members (5 uniformed and 5 non-uniformed) to evaluate their knowledge of the fire plan, to include emergency evacuation. Conduct at least one fire drill in an offender living area and evaluate staff response times. Time parameters are: within 2 minutes of notification of the drill to central control, security supervisory staff is notified and emergency response to the affected area commences; and responding staff arrives within 3 minutes or less – prompt response; over 3 minutes, but not in excess of 13 minutes – slow response (noted as an Observation in Review Summary); more than 13 minutes – impractical (noted as a Finding). The drill is to be concluded when the responding staff members open the appropriate housing area emergency exit door. The emergency exit door shall be opened to verify its operability. (NOTE: Offenders need not be evacuated during the drill!) G. Review documentation for the previous 3-month period. Verify through interviews with Unit Maintenance staff and other departments where welding/grinding activities occur that they are aware of the requirements and procedures for obtaining Hot Work Permits.

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

8.06H With regards to Work Safe Programs, does the unit have policies, procedures and practices that include:  
(RM-19; RM-20; RM-23) [ACA 4-4455M]

- |    |  |                                      |    |     |
|----|--|--------------------------------------|----|-----|
| A. | A written lockout/tagout policy and procedure for the isolation of hazardous energy?   | <input checked="" type="radio"/> YES | NO | N/A |
| B. | The utilization of ground fault protection systems to protect staff and offenders from electrical shocks in wet areas (i.e., kitchen, boiler room, etc.)?  | <input checked="" type="radio"/> YES | NO | N/A |
| C. | The mandatory wearing of personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) in required areas, as well as adequate signage posted warning of the potential hazard?         | <input checked="" type="radio"/> YES | NO | N/A |
| D. | Department supervisors ensuring that personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) is provided to staff and offenders and that it is appropriate to protect the user? | <input checked="" type="radio"/> YES | NO | N/A |
| E. | Department supervisors maintaining personal protective equipment in a sanitary and reliable condition?   | <input checked="" type="radio"/> YES | NO | N/A |

COMMENTS: REVIEWED DOCUMENTATION AND INSPECTION 10-20-10  
OF LOCKOUT/TAGOUT, INTERVIEWED RISK MANAGER STORY,

**METHODOLOGY:** All documentation and inspections must indicate the unit has established appropriate Work Safe Programs for all staff and offenders. **A.** Review unit lockout/tagout policy and procedure to verify it addresses the isolation of stored energy, use of lockout tags and devices and it is specific to the unit and identifies all departments. **B.** Interview URM and Unit Maintenance Supervisor to determine if the unit is provided with ground fault circuit interrupters (GFCI) and the Maintenance Department utilizes portable GFCI devices when performing work in wet areas. **C.** Verify the use of PPE and that signage is posted in all areas where the mandatory wearing of personal protection equipment (PPE) is required. PPE Definitions: Eyewear, safety shoes, steel toe boots, hard hats, hearing protection, and other types of specified PPE. **D.** Verify the availability and use of PPE, where it is appropriate and required. **E.** Visually inspect the physical condition of PPE.

8.07H With regards to temperature extremes in the work place, is:  
(AD-10.64)

- |    |  |                                      |    |     |
|----|--|--------------------------------------|----|-----|
| A. | Training for employees conducted each Spring covering hot weather and each Fall covering cold weather? | <input checked="" type="radio"/> YES | NO | N/A |
| B. | The URM monitoring unit compliance regarding temperature extremes in the workplace?                    | <input checked="" type="radio"/> YES | NO | N/A |

COMMENTS: REVIEWED TRAINING DOCUMENTATION  
IN URM'S OFFICE, INTERVIEWED RISK MANAGER STORY

**METHODOLOGY:** All records must indicate appropriate staff has received training and unit has an effective method of monitoring temperature extremes. **A.** Review most recent training documentation on file in the URM's office. Verify the unit medical department conducted the training and a medical practitioner has signed the training documentation. Verify a copy of the training documentation was forwarded to the Unit Human Resources Office and the original documentation is maintained in the Unit Medical Department. **B.** Review documentation (i.e., temperature logs and/or unit procedures) on temperature extremes for the previous 90-day period for completeness and verify appropriate action is taken to reduce temperature exposures during periods of heat and cold extremes. Verify the URM is monitoring temperature extreme compliance through documentation and signature (should not miss more than 9 days of temperature recordings [no more than 3 consecutive]).



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

- 8.08 Does the unit have an established Collateral Duty Safety Officer (CDSO) Program, with representation from at least the major unit departments, to include:  
(RM-11)

- A. The CDSO appointment, in writing, by the responsible department supervisor/head? YES NO N/A
- B. The CDSO receiving training on their responsibilities from the respective department supervisor/head and the Unit Risk Manager? YES NO N/A
- C. Active participation by the CDSO in the program, such as providing training to employees and offenders, assisting with the investigation of employee and offender accidents, assisting the department supervisor with conducting inspections, etc.? YES NO N/A

COMMENTS: Reviewed monthly meeting Attendance  
Rosters AND Monthly Training conducted.

**METHODOLOGY:** A. Review all documentation on CDSO assignments. B. Review all documentation of CDSO training. C. Review documentation for the previous 12-month period. Documentation must indicate at least 50% activity of assigned CDSO's (example: Unit has 25 assigned CDSO's – then not more than 12 should be absent from meetings or training or have documentation indicating non-participation.)

- 8.09 Is there a Unit Risk Management/Safety Policy that reflects the Senior Warden's philosophy regarding compliance with established occupational safety and health, fire and life safety, emergency management standards and risk management procedures?  
(ED-10.59; ED-10.61)

COMMENTS: Reviewed Statement YES NO N/A

**METHODOLOGY:** Review the Unit Risk Management/Safety Policy Statement. The policy statement shall reflect the current Warden's signature. Verify the policy statement is distributed to each department and posted conspicuously throughout the facility on workplace bulletin boards and it is available to all employees and offenders

- 8.10 Does the URM complete a Monthly Summary/Report detailing injury information, inspection results, and other pertinent information, and forward it to the Unit Warden?

COMMENTS: Reviewed URM's Summary YES NO N/A

**METHODOLOGY:** Review URM's monthly Summary for the previous 12 month period. Verify the Summary includes detailed information regarding employee and offender injuries, injury trends and information involving inspection activities. There must be documentation for each month indicating the URM has submitted a report/communication to the Warden.

- 8.11 With regards to the Unit Risk Management Committee:  
(RM-09)

- A. Has the Warden appointed a Unit Risk Management Committee with a representative from a selection of the major departments? YES NO N/A
- B. Is the Committee chaired by the rank of (at least) Assistant Warden, or Major for those units with no Assistant Warden position? YES NO N/A
- C. Does the Committee meet at least quarterly? YES NO N/A
- D. Is there a prepared agenda for all meetings, and is it forwarded to the Committee at least one week in advance of the meeting, and are agenda items and other pertinent information adequately addressed? YES NO N/A



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

COMMENTS: \_\_\_\_\_

**METHODOLOGY:** All documentation must indicate the Unit Risk Management Committee is functional and meeting as required. A. Review documentation regarding the make-up of the Unit Risk Management Committee. B. Review the Committee member documentation. C. Review documentation of Committee meetings for the previous 12-month period. D. Review agenda documentation for the previous 12-month period.

8.12 With regards to compliance with the Americans with Disabilities (ADA) Act, has the Unit Risk Manager: (RM-12) [ACA 4-4142, 4-4169]

- A. Conducted an ADA physical premises self-evaluation of the unit, and if so, is the evaluation updated annually or as changes or repairs occur? March 15, 2010 ☒ YES NO N/A
- B. Investigated offender grievances relating to ADA issues? ☒ YES NO N/A

COMMENTS: Reviewed ADA Self-evaluation. Date  
Last 6/2010. Reviewed NO grievances

**METHODOLOGY:** A. Review ADA self-evaluation documentation. For those units where the Risk Management Central Office has conducted an ADA Evaluation, this documentation should be used in lieu of the URM unit self-evaluation. B. Review documentation for the previous 3-month period regarding offender grievances. Documentation must indicate the URM is investigating ADA related offender grievances, in accordance with the Grievance Policy.

8.13 With regards to the Alternate Unit Risk Manager: (RM-16)

- A. Is there an employee designated/identified as the Alternate Unit Risk Manager or, in the absence of an Alternate Risk Manager, an employee designated to fulfill the responsibilities of the Unit Risk Manager during periods of their prolonged absence? ☒ YES NO N/A
- B. Has training been provided to the Alternate Risk Manager (if designated) to ensure that the individual has an understanding of the responsibilities of the position? ☒ YES ☒ NO N/A

COMMENTS: OFFICER MUNRO DID NOT receive  
required TRAINING.

**METHODOLOGY:** Documentation must indicate an employee has been identified and trained to assume the basic duties of the URM (i.e., data entry into SI00). A. Review documentation on the appointment of the Alternate Unit Risk Manager, or review documentation and interview designee to ensure there is an understanding of the requirements of maintaining the flow of information regarding employee and offender injuries into the SI00 Automated Reporting System. B. Review training documentation and interview the Alternate.

8.14 With regards to Community Work Projects does the URM: (RM-13) (AD-7.11)

- A. Conduct and document a jobsite and equipment inspection for community work projects and public service programs prior to the initiation of any work? ☒ YES NO N/A
- B. Conduct inspections/visits of ongoing projects to ensure the safety of offenders and to ensure that the work is being performed in a safe and efficient manner? ☒ YES NO N/A

COMMENTS: Reviewed documentation for previous  
6 month period.

**METHODOLOGY:** Documentation must indicate the URM is involved with the inspection of all Community Work Projects. A. Review documentation for the previous 6-month period. B. Review documentation of work

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

**NOTE:** → Private facilities are not required to enter 'employee' injury information into the SI00 System.  
→ This checklist item is audited by Risk Management Central Office or Regional Risk Management Supervisory staff during Division-Level Reviews and annually by the Regional Risk Management Supervisor.

8.15 Are employee and offender accidents and injuries adequately investigated, to include:  
(RM-06; RM-30) (ED10.59; ED10.61)

- |    |   |            |    |     |
|----|---|------------|----|-----|
| A. | All employee and offender injury information entered into the SI00 Automated Reporting System within 5 business days from the date of injury?                                       | <u>YES</u> | NO | N/A |
| B. | Regardless of the date of injury, employee and offender injury information entered into Screen 1 of the SI00 not later than the 3 <sup>rd</sup> to last business day of each month? | <u>YES</u> | NO | N/A |
| C. | An investigation has been completed and determinations identifying causative factors and recommendations for effective corrective actions?  | <u>YES</u> | NO | N/A |
| D. | Corrective action being taken (where applicable), and documented on employee and offender injuries by the responsible department/supervisor?  | <u>YES</u> | NO | N/A |

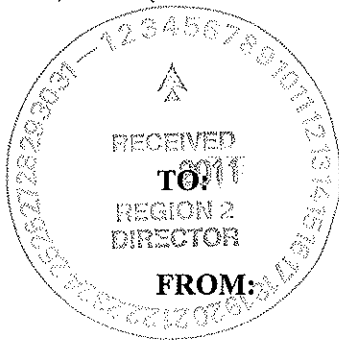
COMMENTS: \_\_\_\_\_

**METHODOLOGY:** A. & B. For the 3-month period preceding the operational review, generate a report to verify injury information is validated by comparing the date of the injury with the date the information was entered. For any injury investigations that exceeded the 5-day time specification, review documentation on file with the URM to verify if an extension had been granted by the Regional Risk Management Supervisor. Extensions should not exceed 10 business days from the date of the request. Validate Screen 1 injury information to verify its entry is no later than the 3<sup>rd</sup> to last business day of each month regardless of the date of injury. All other injury information for those injuries that occur during the last week of the month is to be entered within the 5-business day time frame. On a 90 day average a unit shall not exceed a 5% ratio on late entries into the SI00 System for employee and offender injuries – formula: # injuries x 5% = error rate (example: based on 12 employee injuries no more than 1 can be entered late and based on 150 offender injuries no more than 7 can be entered late). C. For the 3-month period preceding the operational review, review 25% of employee injuries and 25% of offender work related injuries entered into SI00 and verify an investigation into the accident has been completed and the cause of the accident has been determined and corrective actions were recommended D. For the 3-month period preceding the operational review, generate a report of employee and offender injury investigations and verify corrective action has been taken by the responsible department/supervisor. Review 25% of employee and offender injury investigations comparing the corrective action recommendations and corrective action taken with the documentation contained in the injury investigation to verify appropriate corrective action has been taken. Validate corrective action documentation to verify it is signed by the responsible department supervisor and where applicable the employee or offender. Corrective action must be taken on all employee accidental injuries and all offender occupational (work-related) injuries.

**ATTORNEYS EYES ONLY**

SM-01.23

Attachment B



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
**INTER-OFFICE COMMUNICATION**

*Received on*  
*4/28/11* *cc*

MAY 17 2011

Tim Ault  
 Monitoring and Standards

**DATE:** April 01, 2011

**FROM:** Tim Jones  
 Operational Review Sergeant  
 HJ (Unit)

**SUBJECT:** Unit-Level Operational Review  
 Sergeant's Reports for  
April, 2011

Attached are unit-level reviews conducted for the following functional areas:

**REVIEWS SCHEDULED:**

Environmental Branch  
 Maintenance  
 Manufacturing & Logistics  
 Offender Grievance  
 Risk Management

**COMPLETED:**

suspend  
 suspend  
 suspend  
 suspend  
 suspend

**ELECTIVE – OUTSTANDING ACTION PLANS REVIEWED:****COMPLETED:**

Checklist # 13.02  
 Checklist # 13.06  
 Checklist #2.03  
 Checklist #2.07  
 Checklist #2.08  
 Checklist # 2.09  
 Checklist # 2.11  
 Checklist # 1.08  
 Checklist # 3.06  
 Checklist # 1.02C  
 Checklist # 16.01  
 Checklist # 16.14B  
 Checklist #9.05C  
 Checklist #9.07  
 Checklist #9.08  
 Checklist #9.09A.B  
 Checklist #16.02

March 21, 2011  
 March 21, 2011  
 March 27, 2011  
 March 30, 2011  
 March 30, 2011  
 March 27, 2011  
 Pending  
 March 31, 2011  
 March 31, 2011  
 April 01, 2011  
 March 30, 2011  
 March 21, 2011  
 March 30, 2011  
 March 30, 2011  
 March 30, 2011  
 March 30, 2011  
 March 30, 2011  
 March 09, 2011

• Warden:

**JEFF PRINGLE, WARDEN**  
 (Print Name)

(Signature/Date)

Comments: The Hutchins State Jail received a Division-Level Operational Review for the month of April, 2011. Unit Level reviews were not performed for this month.

ATTORNEYS EYES ONLY

Justification for Late Submission: \_\_\_\_\_

• Regional Director: \_\_\_\_\_

Tracy Enson

(Print Name)

R

05-11-2014

(Signature/Date)

Comments: \_\_\_\_\_

JA

Justification for Late Submission: \_\_\_\_\_

Attachments: (O.R. Sergeant's Reports and completed checklists, attached in the same order as listed above.)

Copy: Unit File

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92

Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 13.02Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 21, 2011 There was no posted written entry/exit procedures authorized by the warden for the pest control crew.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Risk Manager/ Pest Control Roy Storie will retrieve the written procedure from Warden Pringle	Risk Manager: Roy Storie.	March 30, 2011	March 21, 2011
Copy will be Place at the back gate entrance and Line control.	Risk Manager: Roy Storie.	March 30, 2011	March 21, 2011

**JEFF PRINGLE, WARDEN**

Senior Warden (Print Name)

Jeff Pringle 4-28-11  
(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Doug Emerson Regional Director R 05-11-2011  
Reviewing Authority (Print Name / Title) (Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title) (Signature/Date)

11/06



O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 13.06

Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 21, 2011 a pest control inspection was conducted. The Kitchen Commissary have a hole on the back east wall. Chow Hall 1 and 2 have holes in the baseboard near the serving line

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Maintenance was notified by Sgt Lee. Ad-84 completed for the AD 10-20 program	Sgt FMIII Stephanie Lee	March 30, 2011	March 21, 2011
Work order numbers 11-3343, and 11-3344 was issued and will be closely monitored until completed.	Department AD-10.20 Officer FMIII Deborah Williams	March 30, 2011	March 21, 2011
Operational review will receive an Email upon completion.	Department AD-10.20 Officer FMIII Deborah Williams	March 30, 2011	March 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Tom Evans Regional Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 2.03

Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 10, 2011 I reviewed 6 months of AD-39. Officers are not completing the form. Return date and times are missing to include weapons conditions.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Shift supervisors will address during shift turnout (briefing) for the next 30 days. Officers will ensure forms are utilized and completed.	All Shift Supervisors:	March 30, 2011	March 27, 2011
During the entire shift, Shift Sergeants will continue to inspect all daily paperwork and make corrections if needed.	All Lieutenants:	March 30, 2011	March 27, 2011
AD-39's will be closely monitored by Lieutenant Hale for the next 90 days.	Lieutenant Delia Hale Armory Officer	May 30, 2011	May 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Tom Pearson Asst Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06



O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 2.07

Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 10, 2011 the Unit had no list of authorized personal, that is allowed access into the Armory.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Lisa Roberts will place the updated list in the appropriate locations.	Officer Lisa Roberts: Armory Assistant	March 30, 2011	March 30, 2011
Officer Roberts will review and/or update the list each month or as required.	Lieutenant Delia Hale	March 30, 2011	March 30, 2011
This process will be closely monitored by Lieutenant Hale for the next 30 days.	Lieutenant Delia Hale	April 30, 2011	April 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW


**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Tom Enson Deputy Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

 05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 2.08Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 10, 2011, The Equipment Items And balances not matching with Fix02.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Lisa Roberts Armory Assistant will conduct a inspection and inventor all U.O.F equipment assigned to Hutchins State Jail	Lisa Roberts Armory Assistant	March 30, 2011	March 30, 2011
Lisa Roberts Armory Assistant will use the Fix02 to reconcile account balance.	Lisa Roberts Armory Assistant	April 15, 2011	March 30, 2011
This process will be closely monitored by Lieutenant Hale for the next 60 days. .	Lieutenant Delia Hale	May 30, 2011	May 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

Jeff Pringle 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Jeff Pringle, Regional Director

Reviewing Authority (Print Name / Title)

(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_

Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 2.09Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 10, 2011 there is no BU-175's Shipping Memo for the AD-SEG, Line Control or Central Control.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Lisa Roberts Armory Assistant will issue a BU-175 for the appropriate equipment locations.	Lisa Roberts Armory Assistant	March 27, 2011	March 27, 2011
Officer Roberts will review and/or update all BU-175 as required by policy	Lisa Roberts Armory Assistant	March 27, 2011	March 27, 2011
This process will be closely monitored by Lieutenant Hale for the next 50 days. .	Lieutenant Delia Hale	April 30, 2011	April 30, 2011

JEFF PRINCIPLE, WARDEN

Senior Warden (Print Name)

Jeff Pringle 4-28-11  
(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Jeff Brown Regional Director  
Reviewing Authority (Print Name / Title)

Jeff Brown  
(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

\_\_\_\_\_  
(Signature/Date)

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

FD-02.92

Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 2.11Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 10, 2011 The unit equipment quantity does not match the table of Authorized Equipment.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Lieutenant Hale will submit a request to Security Operations and Warden Pringle for approval to correct the variance.	Lieutenant Delia Hale	April 15, 2011	

**JEFF PRINGLE, WARDEN**

Senior Warden (Print Name)

(Signature/Date)

Jeff Pringle 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Tom Brown Reg 2 Director

Reviewing Authority (Print Name / Title)

(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06



O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

D-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.08

Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 11, 2011 DAAP staff member Wilton, Pruitt have not completed PERS 508. Executive Director's Statement, EEO and Advisory Council on Ethics video.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Mr. McGrady will schedule Wilton, Pruitt to view and complete pers508.	Human Resource Teresa Rodriguez	March 30, 2011	March 31, 2011
This policy/procedure will be closely monitored	DAAP Program Manager Onie McGrady	March 31, 2011	March 31, 2011

JEFF PRINGLE, WARDEN  
Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Tom Eason, Deputy Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

FD-02.92  
Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 3.06

Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 11, 2011 A Copy of the Consultant/Contract Employee Confidentiality Agreement of four contract employees couldn't be located. Ashley, Helen Gilford, Yonette, Orig, Tito and Reddy, Srinivas.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

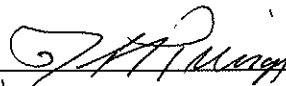
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Human Resource Rep Teresa Rodriguez is assigned this task. Ms Rodriguez will follow agency policy to ensure compliance.	Teresa Rodriguez	March 30, 2011	March 31, 2011
This policy/ procedure will be monitored for the next 60 days	Human Resource Supervisor Larry Kines.	May 2011	May 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

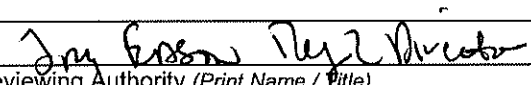
 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in FD-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d.  Reviewing Authority (Print Name / Title)

(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_ Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06

O.R. ACTION PLAN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.02C

Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

On March 09, 2011 There is no authorized list from the warden of approved personnel to enter the commissary...

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

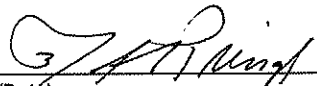
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
An Email was sent to all shifts acknowledging the missing rosters and instruction to submit to Human Resources.	All Shift supervisors	April 15, 2011	April 01, 2011
Lieutenants are responsible for ensuring all Shift Roster are turn-in to Human Resource. Within a timely manor. Shift roster will be turned in to Human Resource at the end of each shift.	Lieutenants: Kevin Brown, Tedral Towery, Christopher Hernandez, Sandra Sanders, Johnny Roberts	April 15, 2011	April 15, 2011
This procedure will be closely monitored for the next 30 days.	Captain Kyron Session.	May 01, 2011	May 01, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☐ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d.

Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b.

Reviewing Authority (Print Name / Title)

(Signature/Date)



O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 16.01 \_\_\_\_\_

Hutchins State Jail \_\_\_\_\_ Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

March 09, 2011. There is not an authorized list from the warden of approved personnel to enter the Commissary Department.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Ms Toni Chapman will retrieve the authorized list from Warden and immediately post.	Ms Leonar Alaniz Commissary Manager.	March 30, 2011	March 30, 2011
Ms. Toni Chapman will place a copy in Line Control were keys are issued.	Ms Leonar Alaniz Commissary Manager.	March 30, 2011	March 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

3/1/11 Pringle

4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Jeff Pringle Regional Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

FD-92.92  
Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 16.14B \_\_\_\_\_

Hutchins state Jail \_\_\_\_\_ Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

March 09, 2011. No current Consolidated Monthly reports.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

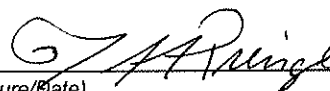
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Commissary Department supervisor is responsible for this report. The Unit is currently operating without a commissary supervisor. Ms Alaniz resigned March 18, 2011.	Ms Leonar Alaniz Commissary Manager.	March 30, 2011	March 21, 2011
Ms. DeeDe Mock (Huntsville) completed an exit inventory of the Commissary. Ms Mock completed the Consolidated Monthly report and file according to guideline.	Ms Toni Chapman	March 21, 2011	March 21, 2011
Warden Bladen Polk has reassigned manager's responsibilities to Commissary Toni Chapman.	Warden Balden Polk	March 21, 2011	March 21, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Don Brown Deputy Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title) (Signature/Date)

O.R. ACTION PLAN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 9.05C

Hutchins state Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

March 09, 2011. No list of approved staff that is authorized to use COP located in Central Control or Line Control

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION


**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Lisa Roberts Armory Assistant will place the updated list in the appropriate locations.	Lieutenant Delia Hale	March 30, 2011	March 30, 2011
Officer Roberts will review and/or update the list each month	Lieutenant Delia Hale	March 30, 2011	March 30, 2011
This process will be closely monitored by Lieutenant Hale for the next 30 days. .	Lieutenant Delia Hale	April 30, 2011	April 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

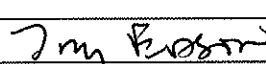
 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d.  Deputy Director

Reviewing Authority (Print Name / Title)

(Signature/Date)

05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

D-02.92

Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 9.07 \_\_\_\_\_

Hutchins state Jail \_\_\_\_\_ Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

March 21, 2011. Use of Force Pack MI-00108-07-07 retained for 3years and 7 months. 12 MAUF in file pass retentions.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

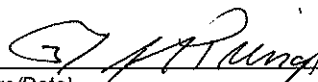
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
LT. Ethel Smith UOF Unit Coordinator will recheck record retention and follow TDCJ Retention Schedule.	Lt Ethel Smith UOF Unit Coordinator Major Terry May	March 30, 2011	March 30, 2011
To ensure compliance. This will be closely monitored by Lt Ethel Smith	Major Terry May	March, 2011	March, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

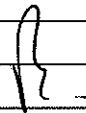
b. Comments: \_\_\_\_\_

d. \_\_\_\_\_

Reviewing Authority (Print Name / Title)

(Signature/Date)

Tom Carson Legal Director

 05-11-2011

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06



O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 9.08

Hutchins state Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

March 21, 2011. Of the ten reviewed 3 was beyond the 24 hour timeframe ( reporting requirement) MA-00123-01-11, MA-00726-02-11 and MA00479-01-11.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
These finding was addressed at the time of violation by providing U.O.F training and documentation to all Lieutenants.	Lt Ethel Smith UOF Unit Coordinator Major Terry May	March 30, 2011	March 30, 2011
To ensure compliance. This will be closely monitored by Major Building Captain, and U.O.F Coordinator Ethel Smith.	Lt Ethel Smith UOF Unit Coordinator Major Terry May	March 30, 2011	March 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Jon Fison Regional Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92

Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 9.09 A.B

Hutchins state Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

March 21, 2011. MA 00123-01-11 and MA 06435-11-01 both not forwarded within 15 days and did not have justification for lateness.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
This finding was addressed at the time of violation. Staff continues to receive U.O.F training. Documented progressive disciplinary when require.	Lt Ethel Smith UOF Unit Coordinator Major Terry May	March 30, 2011	March 30, 2011
To ensure compliance. This will be closely monitored by Building Captain.	Captain Kyron Session	March, 2011	March 30, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

*Jeff Pringle* 4-28-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. *Jim Eason Regional Director* *JE* 05-11-2011

Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_

Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06



O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY  
Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 16.02

Hutchins State Jail Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

March 09, 2011. Two Offenders, Donnell, Vernon1400187, and Clarkson, Michael 1688807 did not have a signed copy of the job description in their folder. Of the nine checked, they were the only two out of compliance.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Ms Toni Chapman placed a signed copy in each offender's folder.	Ms Toni Chapman Unit Commissary.	March 09, 2011	March 09, 2011
This will be closely monitored by Operational Review Sergeant T Jones for the next 30 days	Sgt T. Jones	April 09, 2011	April 09, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Tom Eason Regional Director  
Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INTER-OFFICE COMMUNICATION

**TO:** Tim Ault  
Monitoring and Standards  
**DATE:** October 31, 2011

**FROM:** Jason Stilwell  
Operational Review Sergeant  
HJ (Unit)  
**SUBJECT:** Unit Level Operational Review  
Sergeant's Reports for  
October, 2011

Attached are unit-level reviews conducted for the following functional areas:

**REVIEWS SCHEDULED:**

Environmental Branch  
Maintenance  
Manufacturing & Logistics  
Offender Grievance  
Risk Management

**COMPLETED:**

October 24, 28, 2011  
October 24, 24, 2011  
Non Manufacturing Unit  
October 26, 31, 2011  
October 17, 19, 20, 2011

RECEIVED  
NOV 2011  
REGION 2  
DIRECTOR

**ELECTIVE – OUTSTANDING ACTION PLANS REVIEWED: COMPLETED:**

Checklist #13.01 Agribusiness	Incomplete
Checklist #13.06 Agribusiness	Incomplete
Checklist #1.04B Staffing	Incomplete
Checklist #2.11 Armory	October 15, 2011
Checklist #1.05F Correctional Training	October 5, 2011
Checklist #1.05G Correctional Training	October 5, 2011
Checklist #3.02 Correctional Training	October 12, 2011
Checklist #1.02C Staffing	October 20, 2011
Checklist #9.05F Use of Force	October 28, 2011
Checklist #9.06D Use of Force	October 12, 2011
Checklist # 1.05	Incomplete
Checklist # 1.12	Incomplete
Checklist # 1.20	Incomplete
Checklist # 8.32B	Incomplete
Checklist # 8.34	Incomplete

**COORDINATION:**

• Warden: JEFF PRINCLE, WARDEN  
(Print Name)

3/11/Pringle 11-1-11  
(Signature/Date)

Comment: Environmental Branch:

Corrective Action: 8.01H-Several secondary chemical containers-spray bottles on housing areas are not labeled properly. (C5-8)-1 spray bottle, (A5-8)-1 spray bottle, (A1-4)-3 spray bottles, (B5-8)-1 spray bottle. The Shift Lieutenants will ensure that the secondary chemical containers are labeled properly. The CDSO for the shifts will obtain the labels from URM C Roy Storie.

Comment: Maintenance:

Corrective Action: 11.02H (B)-Coolant test/change for emergency generator #4 had not been documented for the annual check. Mr. James Elliot Electrician Tech Supervisor will ensure annual PM's on emergency generators are conducted and documented in a timely manner. This will be monitored by Jerry Pugh to ensure completed.

Corrective Action: 11.05-According to the Work Order Log there were items that didn't have a Corrective Maintenance work order issued appropriately i.e.....: ice machine in H-Bldg, condensing unit-rack system in Kitchen. A Corrective Maintenance work order will be issued to appropriate equipment items when needed. This will be monitored by Jerry Pugh to ensure completed.

Comment: Offender Grievance:

Corrective Action: 2.13 (B)-Several offenders who transferred out on 10/10/11 Unit Grievance File was not forwarded to their new unit of assignment. Mrs. Adra Scott-Burger will ensure when an offender is transferred to a new unit of assignment the Unit Grievance File will be sent to that unit. Sgt. Jason Stilwell will monitor to ensure files are sent in a timely manner.

Comment: Risk Management:

Corrective Action: 8.02H (A)-Reviewed weekly safety inspections for a 6 month period several shift/departments were not compliant. Third Shift Security/Commissary Department will ensure that weekly and monthly safety inspections will be completed appropriately. This will be monitored by URM C Roy Storie to ensure compliance.

Corrective Action: 8.05H (B)-Inspected all Fire Extinguishers on the Facility and several were not compliant with monthly inspection/annual service. (D1-4 monthly inspection, Infirmary 2 extinguishers, Kitchen 2 extinguishers, Unit Supply 1 extinguisher, Property/Intake 2 extinguishers, B5-8 Bldg. Picket extinguisher). The appropriate CDSO and URM C will ensure that the fire extinguishers will be serviced/inspected appropriately. This will be monitored by Operational Review Sgt. Jason Stilwell.

Corrective Action: 8.07H (B)-Reviewed documentation for Temperature Log's for the previous 90 day period, some shifts were not completing the Log's appropriately. (All Shifts). Shift Lieutenants will ensure that the appropriate Line Control Officer completes the Log's according to Policy. URM C Roy Storie will ensure that this process is being completed daily.

ATTORNEYS EYES ONLY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Justification for Late Submission:** \_\_\_\_\_

• Regional Director:

Tim Eason

(Print Name)

RE

11-07-2011

(Signature/Date)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Justification for Late Submission:** \_\_\_\_\_  
\_\_\_\_\_

Attachments: (O.R. Sergeant's Reports and completed checklists, attached in the same order as listed above.)

Copy: Unit File

## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: October 24, 28, 2011  
 (Month/Day/Year)  
 Functional Area Reviewed: Environmental Branch  
 Manual Chapter and Section Reference: Chapter III sections 1-9  
 Total 'Applicable' Checklist Questions: 19 (9 High + 10 Other)

### • INTRODUCTION:

For this audit I began by reviewing protocol regarding to waste collection containers. I then reviewed Non-Hazardous, Universal, and Hazardous Waste Container Accumulation, Storage, and Disposal Log's to ensure compliance. The copies of the Uniform Hazardous Waste Manifests were reviewed with Maintenance Supervisor Jerry Pugh for the past three years. I then inspected the areas where food waste is disposed of and ensured cleanliness, as well the areas where unwanted metals, scrap and debris are kept. I interviewed Mr. Pugh about the recycling efforts that the Unit conducts with cardboard and aluminum. The procedures for the wastewater systems (bar screen) was inspected for adherence to cleaning protocols. I ensured that personnel who act as the collection system operator possess the appropriate licenses. I interviewed and reviewed with URM C Roy Storie to ensure the Hazard Communication (Worker Right-to-know) program was compliant as well as Program training requirements for work area personnel. I ensured that all procedures for emergency eyewash stations was being completed and documented appropriately. I ensured that surveys pertaining to Confined Spaces and Noise Control-Hearing Conservation were conducted and signage posted for the appropriate areas. I ensured that all aspects of the Management of Refrigerant were being followed per policy.

### • FINDING(S)

<b>Finding 1 8.01H(G)</b>				
<i>Several secondary chemical containers-spray bottles on housing areas are not labeled properly. (C5-8)-1 spray bottle, (A5-8)-1 spray bottle, (A1-4)-3 spray bottles, (B5-8)-1 spray bottle.</i>				
<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.	The Shift Lieutenants will ensure that the secondary chemical container are properly labeled	Shift Lieutenants	11/28/2011	
2.	The CDSO for the shifts will obtain the labels from URM C Roy Storie	Shift Lieutenants	11/28/2011	
3.				

**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

Finding 2				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.				
2.				
3.				

**OPERATIONAL REVIEW SERGEANT'S REPORT**  
(cont.)

• SUMMARY:

• OPERATIONAL REVIEW SERGEANT:

Sgt. Jason Stilwell \_\_\_\_\_  
(Print Name)

 10/28/11  
(Signature/Date)

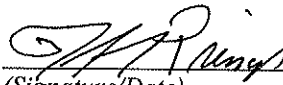
Justification for Late Submission by Operational Review Sergeant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• WARDEN:

**JEFF PRINGLE, WARDEN**  
(Print Name)

 10.28.11  
(Signature/Date)





Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head